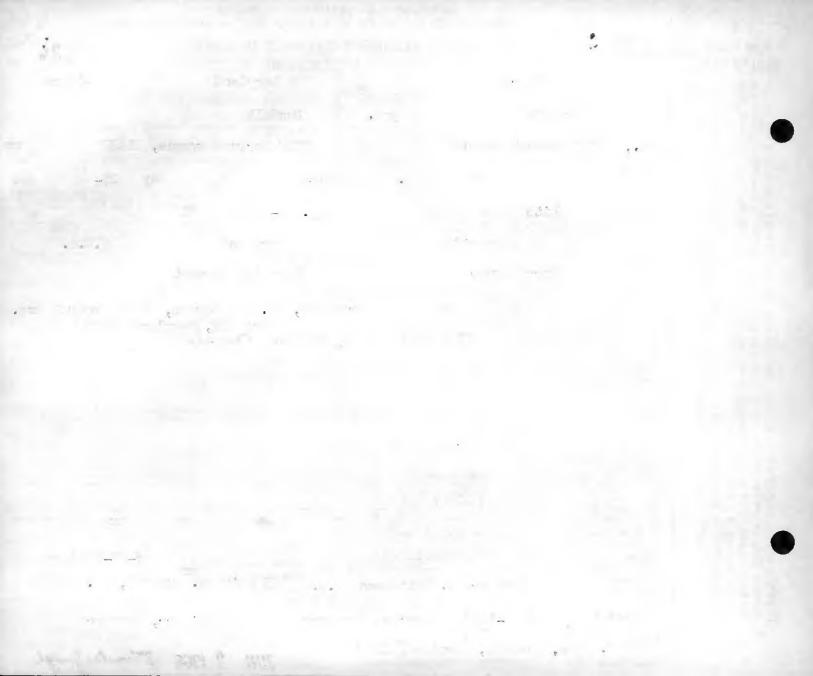


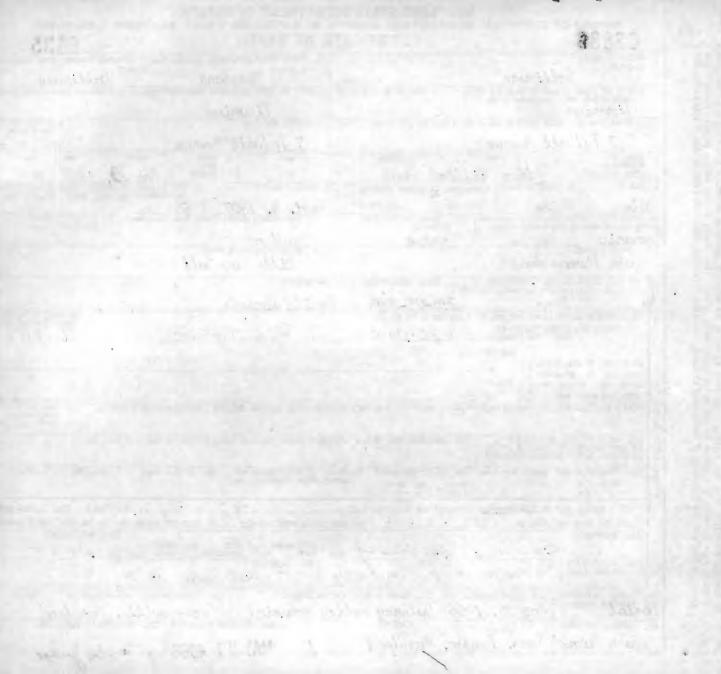
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Baltimore b. COUNTY Baltimore a. STATE/Maryland MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore lowson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 24 8162 Loch Raven Blvd he same ake Manor Nursing Home NO NAME DE First Middle Last DATE Month Year Day DECFASED DF DEATH Altomare 19 66. (Type or print) be executed AGE (In Years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED [ last birthday) Months Days temale WIDOWED D DIVORCED YIS. 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? alestadu Bakeru death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME erome ine Duane 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN permit. 5 (Yes, no, or unkown) [(If yes hive war or dates of service) cremation, CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) been the buria. DUE TO Cenditions, if any, which (b) gave rise to Immediate DUE TD cause (a), stating the underlying cause last. as WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? The certificate YES NO PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) of, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the : 2M, from the causes and on the date stated above. saw the deceased alive on. and that death occurred at 22b. DATE SIGNED 22a, SIGNATURE STAFF M.D. PHYS. DIRECTOR Ba O HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS 22c. director, p 8100 Harford Rd. Elliott Harris Balto. 34. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL/(Specify) 9 Moreland Mem. ltimore, burial REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Ruck Inc. Balto. VR AI5 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06437 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPE 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY 2, ond 3 to PM3. Poge Baltimore Maryland b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) offer 10 yrs. Dundalk d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARMS Item 18. Give Pages 1, Office alang with form hours 7710 Norbush Avenue 7710 Norbush Avenue, 21222 Res. the State hours after death. 3. NAME OF Middle Lost 4. DATE Month Year DECEASED ANNIE ALVATER 27-M. May 66 within , Type or print DEATH S SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. NEVER MARRIED Months birthday) Haurs Female. Whitible Aug. 28- 1883 XX WIDOWED DIVORCED puo 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) Housewa to Woustry COUNTRY ? Maryland d "pending" in pencil in Chief Medical Examiner's pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within Henry Gegner Carolina Rehmert and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, ar unknawn) (If yes give wor or dates of service) or removal. Grandson, Mr. Lee Bowers, 7721 Norbush Ave. No 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Dundalk, Maryland 21222INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) writing the word buriol, cremotion, DUE TO should be forwarded to the Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) ene. NO TO the certificote, 0 20o. EXTERNAL CAUSE WAS 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should the Health or its designated agent, prior 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. factory, street, affice bldg., etc.) Nat While at work please execute 21. I certify that I took charge of the remains described above, held on Autopsy Inspection T Inquiry ... ond in my opinion the funerol director. death resulted fram: Noturol equses fext Accident . Suicide . Undetermined monner Homicide CHIEF MEDICAL EXAMINER ACTUAL 5-28-19662. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUT MEDICAL EXAMINED TO Dundalk, Md. Address (Street, city, fown, or county) **EXAMINER'S** Theodore C. Patterson M.D. NAME (Type) 23o. BURIAL CREMATION. 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMEVAL (Fracty) May 30-1966 Parkwood Cemetery Baltimore, Maryland 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A 15ME SH JOHN J. DUDA. Dundalk, Maryland 21222 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. after death, PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY by the financial Pages 1 irs after Baltimore Baltimore Paruland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Pagin 72 hours 24 hours filled in I limonium Limonium d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? event, within Talbott Avenue Avenue NO I YES completely 3. NAME OF Middle DATE Month Day Year DECEASED Willand (Type or print) DEATH 19 121 5. SEX 6. COLOR OR RACE remove AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 7. MARRIED NEVER MARRIED 8. lease remov last birthday) Months I Days Hours 1 and WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work done i 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician during most of working life, even if retired) **COUNTRY?** 1154 Rechanic Taruland алапе death certificate 0 13. FATHER'S NAME removal. 14. MOTHER'S MAIDEN NAME Then John Thomas Amos Lilly May Bull the attend 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 5 (Yes, no, or unkown) (If yes give war or dates of service) burial-transit pern burial, cremation, No Family None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. ONSET AND DEATH been signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACINOM DUE TO Cenditions, If any, which (b) gave rise to immediate the car **DUE TO** cause (a), stating as th underlying cause last. certificate has (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? CERTIFICAT NO M YES [ After this cerum 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While at work p.m. 19 at work ould the S 21. I certify that (I) (this hospital) attended the deceased from 3 shoul TO FUNERAL DIRECTOR: 1966 and that death occurred at 3 ft. M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED 22b. MED. DIRECTOR STAFF ATTENDING PHYS. M.D. PHYSICIAN'S ADDRESS 22d. director, p should be 1 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOYAL (Specify) Valley Memoria Vulaneu ockeusville. 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Sons, John Burns VR AI5 (4) Louison. 20M 1/65



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	VR A15 (4)	H.W. Jenkins & Sons Co. 4905 York Road DATEMAY 2 1966 Yourses Jungar	-

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1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	CEAGO MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06437
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MINE d be Page ated	p.m. 19   at work   at work   21.   I certify that I took charge of the remains described above, held an Autopsy   Inspection   Inquiry   and in my opinion
EXAMINER the certifica 4 should be if files. CTOR: Page designated	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
xecute the Page 4 for your IL DIRECT or its do	ACTUAL CHIEF MEDICAL EXAMINER 22. DATE SIGNED
DEPUTY MEDIS. EXP please execute the collipsor. Page 4 show officeror. Page 4 show retained for your files of Health or its design	EXAMINER'S OEPUTY MEDICAL EXAMINER (2)
O DEPUTY please ex director. retained f O FUNERAL of Health	NAME (Type) / 1/1/ / Address (Street, City, town, or county)  23a. BURIAL CREMATION (23b. DATE THEREOF , 23c. NAME OF CEMETERY OR CREMATORY , 23d. LDCATION (City, town or county) (State)
direction of	Burial May 5, 1966 Odd Fellows Cemetery Milford, Del.
VR ALSME (5)	ADDRESS ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE MAY 18 1966 Cliantes Judge
5M 1/65	The same of the sa



MEDICAL EXAMINER'S CERTIFICATE OF DEATH  1. PLACE OF DATH  1. PLACE OF DATH  2. USUAR RESIDENCE (Where operated limits in institution in interface inferious evidence in country)  2. USUAR RESIDENCE (Where operated limits in institution in interface inferious evidence in country)  2. USUAR RESIDENCE (Where operated limits in interface inferious evidence in country)  2. USUAR RESIDENCE (Where operated limits in interface inferious evidence in country)  2. USUAR RESIDENCE (Where operated limits in interface inferious evidence in country)  3. STATE TAYLAND  3. STATE TAYLAND  3. STATE TAYLAND  4. STATE TAYLAND  5. STATE TAYLAND  5. STATE TAYLAND  5. STATE TAYLAND  6. STATE TAYLAND  6. STATE TAYLAND  6. STATE TAYLAND  6. STATE TAYLAND  7. STATE TAYLAND  6. STATE TAYLAND  7. STATE T	1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	ενι ΔΝη
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	F =	24. FUNERAL DIRECTOR ADDRESS 252. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
VR A15ME G. Howard Strong 3207 W. North Ave., DATE MAY 6 1966 galaxies Judge		G. Howard Strong 3207 W. North Ave., DATE MAY 6 1966 fclion	les judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06442 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) BALTIMORE Mary land Baltimore 0 40 death. MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c CITY OR TOWN (if outside carporote .mits, write RURAL and give nearest town) r JENGTH DE STAY IN In ofter IFE Cockyesville COCKEYSVILLE d NAME OF HOSP TAL OR INSTITUTION (If not in hospito, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? tate Del hours form Box 205 - Sharon Road Box #205 - Sharon Road in Item 18. Give Poges NO V YES after death 3. NAME OF Midd e F 151 Last 4 DATE Day Year DECEASED FRANK EDWARD BAKER 15 1966 (Type or print) DEATH 9 AGE (In years S SEX 6 COLOR OR RACE IF UNDER I YEAR IF UNDER 24 HRS. 7 MARRIED K **NEVER MARRIED** DATE OF BIRTH 57 vrs Hours hours WIDOWED DIVORCED Ma le White event 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired) Balto. Co. U.S.A 24 Cockeysville, Md. ony pages in ony pencil 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME This certificate should be executed within Harry Baker Ella Suard File IS WAS DECEASED EVER IN U.S. ARMED FORCES? TA SOCIAL SECURITY NO. 17 INFORMANT Address e, writing the word "pending" is forwarded to the Chief Medical (Yes no, or unknown) (If yes give wor or dotes of service) permit or removol, 220-19-5100 Margaret R. Kelbaugh, Cockeysville, Md. 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 3rd degree burns over 80% of body with IMMEDIATE CAUSE (o) \_\_ s o buriol-tra cremation, a XXXXX Conditions, if any, which gove Carbon monoxide poisoning rise to immediate couse (a). DUE TO stating the underlying couse used as burial, c 12.01 PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? please execute the certificate. YES [S] NO X 2Do EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of Item 18.) Poured gasoline PRIMARY DO ONTRIBUTING STAL EXAMINER: CAUSE OF DEATH over himself - then set himself afire 2Dc TIME OF INJURY Month, Doy, Year 2Dd INJJRY OCCURRED 2De PLACE OF INJURY (Home, form 20f (City or town) (County) 10:45 XENTO.TO foctory, street office bldg , etc.)
Home may be retained for your FUNERAL DIRECTOR: Page Not While of work 1966 Cockevsville Balto. Md. of work 21. I certify that I took charge of the remains described above, held an Autapsy [7], Inspection X Inquiry and in my opinion death resulted fram: Natural causes Accident Suicide K Hamitide Undetermined manner CHIEF MEDICAL EXAMINER X ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 10 **EXAMINER'S** 5-16-66 Health RUSSELL S. FISHER, M.D. Address (Street, city, town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) 23a BURIAL, CREMAT ON (County) (Stote) 0 REMOVAL (Specify) 5-18-66 St. Joseph Texas. Md. Balto. 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC D BY REGISTRAR 1050 YORK ROAD VR A15ME (5) Wm. Cook-Brooks Towson, Towson, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 28443 Lited within 24 haurs after death. funeral Tand deg PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission o. COUNTY b. COUNTY filled in by the fun papers. Pages 1 c thin 72 haurs after d MARYLAND b. CITY OR TOWN (If autside carparate limits. E LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) write RURAL and give nearest town) Baltmore e. IS RESIDENCE ON A FARM? d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Falls Road 4304 YES □ NO □ Genera NAME OF Middle 4. DATE . ₹ First. Lost Month Yeor Doy DECEASED (Type or print) nomas and in any event, DEATH 1966 S. SEX DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED remove puthday) Manths Days Hours 11900 WIDOWED DIVORCED 10g USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign cauntry) ease during most of working life even if retired) COUNTRY? INDUSTRY Fireman (Retired The law requires that the death certificate Fire Department Maryland

14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME crematian, ar removal, Joseph Baldwin Katherine Hooper 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) ((If yes give war or dates at service) 16. SOCIAL SECURITY NO 17. INFORMANT Address 220-30-02/17 Mrs. Beatrice Baldwin 1301 Falls Road INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave 1 rise to immediate cause (a), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending the this certificate has been (c) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO [ PHYSICIAN: 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II af Item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. Not While factory, street, office bldg., etc.) at wark p.m. 21. I certify that (I) (this hospital) attended the deceased fram 3 1966 that (1) (we) los should Mr. from couses and on the date stated above saw the deceased alive an. Co and that deoth occurred at 22a. SIGNATURE DATE SIGNED ATTENDING STAFF M.D. DIRECTOR 22d. ADDRESS PHYSICIAN'S FUNERAL director, po should be f NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) Burial (Specify) 1 June 1966 Baltimore County, Maryland Lorraine Park Cemetery 0 2Sb. REGISTRAR'S 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Falls Road VR A15 [4] 20 M 1/66 Burgee Funeral Home 1966



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death completely filled in by the funeral love corbon papers. Pages I and y event, within 72 hours after deatly 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission 1. PLACE OF DEATH o. COUNTY a. STATE b. COUNTY Baltimore MARYLAND Maryland C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside casparate limits, Fort Howard 77 Days Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? event, within 72 Veterans Administration Hospital 1504 N. Pulaski Street NO 3 NAME OF First Middle Last 4. DATE Month Year DECEASED
(Type or print) Mack D. Barrington 19 66 DEATH SEX 9. AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR NEVER MARRIED 66 birthday) Months Days Hours 5/17/96 and in ony WIDOWED DIVORCED Male Negro 10a JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or fareign country) 12 C TIZEN OF WHAT COUNTRY? North Carolina Employed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removol, Dennis Barrington Hattie (MN:FLORENCE) 17. INFORMANT V.A. Hospital 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, grunknawn) (If yes give war ar dates af service) 578 18 20 90 Fort Howard, Maryland (Clinical Records) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit burial, cremate UNKNOWN PART I. DEATH WAS CAUSED BY CARCINOMA OF LUNG. LEFT IMMEDIATE CAUSE (a) the hospitol or attending physicion. DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause os the prior to hos been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION Health NO A this certificate 20a ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) i be detoched for State Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Haur a.m. factory, street, office bldg., etc.) Not While at wark at wark O FUNERAL DIRECTOR: After O HOSPITAL OR ATTENDIN Poge 4 moy be retained by deceased fram 2/12/ , 19 66 ta 5/1 , 19 66, that M (we) last 19 66, and that death accurred at 7 145 M, from eauses and an the date stated above. 21. I certify that (4) (this haspital) attended the deceased fram should saw the deceased alive an 5/1 22b. DATE SIGNED 5/2/66 220 SIGNATURED Military M.D PHYS DIRECTOR r, poge 3 be filed 22d ADDRESS 22c. PHYSICIAN'S RAUL F. DE CASTRO, M. D. NAME (Type) VA HOSPITAL FORT HOWARD MARYLAND director, should b 23g BURIAL, CREMATION, REMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) Baltimore National Baltimore, Maryland Burial 24 EUNERAL DIRECTOR 2So REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Orleans St. VR A15 (4) 20 M 1/66 Milanes Judy DATE MAY Funera. Baltimore, Marylan

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

Fiaryland C. LENCTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore ,5 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? in and completely fillows: remove carbon paper jir any event, within 7 St. Joseph Hospital 3308 Rueckert Ave. ND 3 executed within NAME DE Middle Last 4. DATE Month Year **OECEASED** OF DEATH Timothy Wayne May 8. (Type or print) Bauer 66 19 6. CDLDR DR RACE | 7. MARRIED SEX NEVER MARRIED 3 DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months | Days Male May 7, 1966 White WIDDWED F DIVORCED [ ADa. USUAL OCCUPATION (Cive kind of work done 10b. KIND DF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? d by the attending physician ransit permit. Then please or cremation, or removal, and in certificate be Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME Joseph Wayne Bauer Mary Susan Meyers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unknown) (If yes give war or dates of service) Father, above 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN The law requires that the ONSET AND DEATH ned by Etransii PART I. DEATH WAS CAUSED BY: JMMEDIATE CAUSE (a) Hyaline membrane disease n signed | burial-tra burial, cr Prematurity Cenditions, If any, which peen gave rise to immediate as the b DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTDPSY for use Health PERFORMED? certificate YES -NO T PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING this certif detached for Dept. of H DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) factory, street, office bldg., etc.) be de State i Hour a,m. Not While at work at work 3 should with the May 7. 19.66 to\_ May 8., 19 66, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. DIRECTOR: and that death occurred at 1:00, from the causes and on the date stated above. 1966 saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE filed ATTENDING STAFF PHYS. DIRECTOR \_\_ PHYS. 제.D. TO HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS 22c. TO FUNERAL director, p NAME (Type) William Wilke, M.D. 7620 York Road. Balto. Md. 21204 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Sacred Heart Cemetery ery Baltimore, Md.
REC'D BY REGISTRAR! 25b. REGISTRAR'S SIGNATURE Burial Schimunek FUNERAL DIRECTOR ADDRESS Funeral Home. VR #15 (4) Brehms 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) B. STATE h COUNTY Baltimore Md. MARYLAND Department after death. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Reisterstown Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 0 8 State hours Old Hanover Road 2439 E. Preston Street YES NO X 3. NAME OF First Middle Month Year DECEASED Theodore Baylor Jr. (Type or print) DEATH May 2 with within 6. COLOR OR RACE | 7. MARRIED T | NEVER MARRIED after death. If a Give Pages I, ong with form 5. SEX AGE (in years [IF UNDER 1 YEAR] IF UNDER 24 HRS last birthday) Months | Days Hours Male Colored Aug. 8, 1943 WIDOWED DIVORCED and 1De. USUAL OCCUPATION (Give kind of work done 1 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? IISA Warehouseman Maryland
Mother's Maiden NAME m. any 13. FATHER'S NAME Theodore Baylor Sr. Mary Reed File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) in pencil in permit, removal, EXAMINER: This certificate should be executed within a certificate, writing the word "pending" in pencil in policy for the Chief Medical Examiner's 219-40-1071 Mrs. Bobbie Baylor 2439 Preston St. Balto. INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), ] 2 hrs. PART I. DEATH WAS CAUSED BY: Drowning (accidental) burial-transit 6 IMMEDIATE CAUSE (e) cremation, DUE TO Conditions, if eny, which (b) geve rise to immediate DIJE TO cause (a), stating the 60 used as a underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO K 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS Attempted PRIMARY KOT CONTRIBUTING CAUSE OF DEATH. 3 should agent, pri to save friend. who fell overbeard from rowboat & drowned. (State) MEDICAL 20d. INJURY OCCURRED J 20s. PLACE OF INJURY (Home, farm, | 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) est. 5 p.m. While Not While at work Lake Balto. Md. the certifical should be 1 May 291966 Reisterstown CTOR: Page designated Inquiry [X]. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. and In my opinion Undetermined manner death resulted from: Natural causes . Accident X. Suicide Homicide CHIEF MEDICAL EXAMINER for your execute Page 4 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MED 20 DEPUTY MEDICAL EXAMINER X 6 Hanover Rd Reisterstown County. 5-31-66 D. D. Caples, M. D. please ex director. retained NAME (Type) (State) 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 6/2/66 Mt. Calvary Bürial Anne Arundel Co. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR ALSME (5) Elliott Funeral Home 1129 Caroline Street 1/65



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND OSLLA CERTIFICATE OF DEATH hours after death. PLACE OF GEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. CDUNTY b. COUNTY a. STATE Maryland Baltimore MARYLAND CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b emove carbon papers. Pa any event, within 72 hours Baltimore Owings Mills .5 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE DN A FARM? 5628 Utrecht Road # (56 8) Rosewood State Hospital NO X YES etely executed within 3. NAME OF Middle Month Last DATE Day DECEASED DF MA COMPL (Type or print) DEATH Hary 19 66 Angela BLAKE 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS and cor remove 6. COLOR DR RACE DATE OF BIRTH ACE (In years last birthday) 7. MARRIED NEVER MARRIED 8. Months Days Hours 12/29/64 Femald White WIDOWED I DIVORCED [ attending physician aremit. Then please related on, or removal, and in a 1DB. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 12. law requires that the death certificate be COUNTRY? Baltimore City USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Bruce Blake COZIOWSKI 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes give war or dates of service) in signed by the attend burial-transit permit. burial, cremation, or re 16. SDCIAL SECURITY ND. 17. INFORMANT Rosewood Records, OwingsMills CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) WOOK DUE TO Brasticity Conditions, if eny, which gave rise to immediate 활원 DUE TO cause (a), stating the as th underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY for use Realth PERFORMED? PHYSICIAN: The certificate NO [ YES I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this certetation 2Db. DESCRIBE HOW INJURY DECURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED (State) 20c. TIME OF INJURY Month, Day, Year 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While While After OR ATTENDING be retained by at work \_\_ at work p.m. 21. I certify that AP (this hospital) attended the deceased from March 9 , 1965 to May TO 19年上 that 你(we) last shoul and that death occurred a . 30 AM, from the causes and on the date stated above. saw the deceased alive on 1000 DIRECTO 22a. SIGNATURE filed ATTENDING PHYS. Barbara DIRECTOR PHYS. M.D. O HOSPITAL PHYSICIAN'S 22d. ADDRESS FUNERAL director, p should be f NAME (Type) BURIAL, CREMATION, REMOVAL (Soccify) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. 23Ъ. Burial Baltimore National m 5501 Byregistrar FUNERAL DIRECTOR S. CONKLADOR VR AI5 2DM



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence a. COUNTY a. STATE h. COUNTY by the finance by the finance 1 urs after after MARYLAND CITY OR TOWN (if outside corporate limits, Write-BURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) vithin 72 hours hours altemore filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET LTIMORE MEDICAL CENTER NO completely i within 3. NAME OF DECEASED Middle Last 4. DATE Month Oay Year ve carb 5 (Type or print) SSING-DEATH 1966 + ARUEY OH executed 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years (IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX OATE OF BIRTH last birthday) | Months | Days C. and MALE WIDOWED [ DIVORCED [ nding physician a Then please re removal, and in a 10a. USUAL OCCUPATION (Give kind of work done) 10b, KING OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) ğ during most of working life, even if retired) INDUSTRY COUNTRY? certificate 13. FATHER'S NAME MOZNER'S MAIDEN NAME 14. attending p 16. SOCIAL SECURITY NO. 15. WAS OFCEASED FYER IN U.S. ARMED FORCES? | INFORMANT ■een signe■ by the atten the burial-transit permit. or to burial, cremation, or (Yes, no, or unkown) | (If yes pive war or dates of service) death 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH by PART I, DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to Immediate stating the as the underlying cause last. O FUBERAL BIRACTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept, of Health prior WAS AUTOPSY PERFORMEO? CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 119. CARDIOVASCULAR NO F 208. ACCIOENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURREO | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work While PITAL OR ATTENDING 4 may be retained by at work p.m. that (I) (we) last 21. I certify that (I) (this happital) attended the deceased from 19 19.66 and that death occurred at 8.504M, from the causes and on the date stated above. saw the deceased alive of /22b. DATE SIGNED SIGNATURE 22a. STAFF PHYS. ATTENOING MED. DIRECTOR PHYSICIAN'S 22d. AOORESS NAME (Type) BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY CATION CINCLOWN (State) 23b. VR A15 (4) 1/65

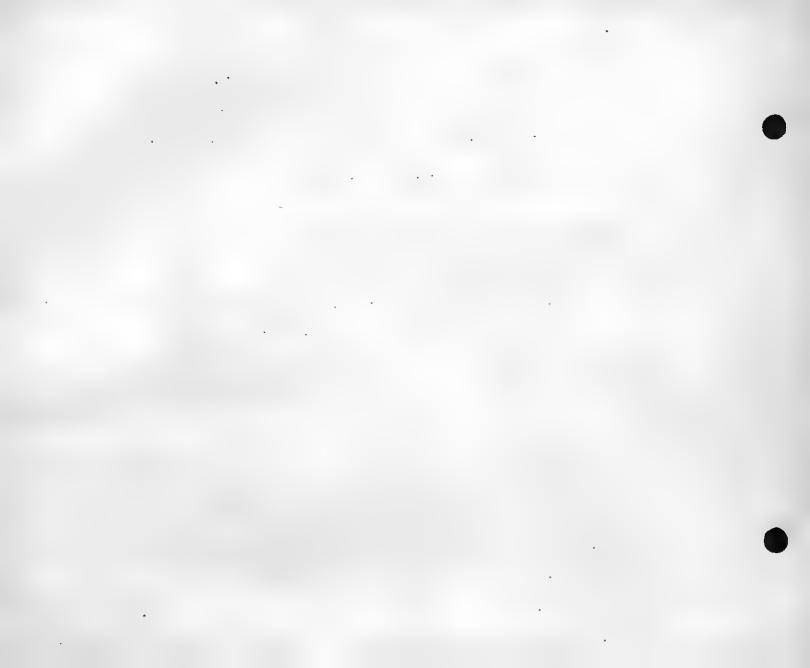
1			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
a Tep	~43	_	C6450 CERTIFICATE OF DEATH
fune shou	No.		PLACE OF DEATH  2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission)  a. COUNTY  b. COUNTY
4 houndy the and 2 death.		/	b. CITY OR TOWN (if outside corporate limits, write RURAL and give rearest fown)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest fown)
in 24			Middle River  d. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street address)  d. STREET ADDRESS  e. 15 RESIDENCE
P P S S S S S S S S S S S S S S S S S S		T	- vy Hall hursing Home 19 Harrison and Ball-21220 YES [ NOTE
cuted pletel			NAME OF DECEASED And And Dev Year DECEASED OF Month Day Year OF DECEASED OF DEATH DECEASED OF DEATH
com com on p			SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF YNDER 1 YEAR IF UNDER 24 HRS.
te be and carb unt, w		5	he male   whet widowed of Divorced Sept 2 1870 95 yrs. Months Days Hours Min.
rifica	i.	10å do	USUAL OCCUPATION (G ve kind of work ne during most of working life, even if refired)  10b. KIND OF BUSINESS OR INDUSTRY  Maryland  12. CITIZEN OF WHAT COUNTRY I BIRTHPLACE (Country & Stete, or foreign country)  USA
5 4 No. 1		13.	FATHER'S MAIDEN NAME
deal andin		15.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO., 17. INFORMANT  Address
at the le atte Ther lovat,			no, or unkown) (Hyosgivowerordeles of service) Mrs Bertha M. Hayes -Owings Mills, Md.
es th cian. by th brmit.			1B. CRUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY.
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law iding sen si setrar			conditions, if ony, which (b) Cerebraces cular carles claims 25 cms
The attenders be burished in contract of the c			(a), stelling the <u>underlying</u> Cause last. (c)
tal or cate las the lo but		NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16-1 19. WAS AUTOPSY PERFORMED?
VSIC hospi certifi use use		CERTIFICAL	YES NO 200. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Part II of Item 18.)
this sellsh			OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
NDING ined by the Affer detacher		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, P.m. 19 at work at work 19 at
TTE teta TOB Dept			21. I certify that (I) (this hospital) attended the deceased from
State			saw the deceased alive on
AL DE Se 3	1		ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. STAFF  S123/66
Pag NER.	1		NAME (TYPO) LOUIS SEMENOFF 2108 OREMS RD, BALTO, MD 21220
death.	0	1	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or equinty) (5'616)  REMOVAL (Specify) 5-26-66 (ORESBURY Mem. (em. Abingdon, Md.
VR A15 (4)	3/		FUNERAL DIRECTOR'S SIGNATURE ADDRESS   250, REC'D BY REGISTRAR   256, REGISTRAR'S SIGNATURE
15M 7/61	3		Leonard J. Ruck Inc Baltimore, Md. MAY 25 1966 fellower Judge

MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission Baltimore a. STATE b. COUNTY rs. Pages 1 2 hours after Marvland MARYLAND D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TDWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b 21218 Baltimore day = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM2 St. Joseph Hospital 1519 Greendale Road ㄷ NO T and completely remove carbon NAME DE First DATE Last Month Day Year DECEASED event, (Type or print) Stephanie Stella DEATH Rlusiewicz 26 19 66 May executed SEX 6. CDLOR OR RACE | 7. MARRIED T | NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS physician and a please remove wal, and in any e last birthday) | Months | Days Hours Female White 9-15-93 WIDDWED DIVORCED [ 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS DR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. **COUNTRY?** Lithuania-Poland Homemaker U.S.A. Own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phy rmit. Then n, or removal, Michael Zajkowski Dorothy 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [() If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Rd has been signed by the at as the burial-trans,t pern prior to burial, cremation, Mr. Joseph S. Blusiewicz. 1519 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized carcinomatosis DUE TD Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the as th prior underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate hithed for use PERFORMED? ND 🔀 YES T 20a. ACCIDENT WAS UNDERLYING TO DE CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of Item 18.) detached f MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (State) (County) Hour a.m. Not While at work the ! April 1966 to May 26 1966\_, that (I) (we) last 21. I certify that (!) (this hospital) attended the deceased from. director, page 3 should should be filed with the 35M. from the causes and on the date stated above. May 26 19 66 and that death occurred at saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR May 26.1966 M.D. PHYS. PHYSICIAN'S 22d. ADDRESS 21204 NAME (Type) Hector C. Mendez 7620 York Road BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of county) (State) Holy Rosary timore, Marvland Buria 25b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR SONS.1808 1966 VR AI5 (4) 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH uneral and 2 death, death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Pages 1 after b. COUNTY a. STATE Maryland Baltimore MARYLAND b. CITY DR TOWN (if outside corporate limits. c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b etely filled in by bon papers. Page within 72 hours a write RURAL and give nearest town) Baltimore Baltimore 21204 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 408 Stevenson Lane St. Joseph Hospital YES NO . be executed within 3. NAME DE First Middle Last DATE Month Day Year DECEASED DF William B. (Type or print) Mav 13. 1966 Boggess DEATH 6. COLOR DR RACE | 7. MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last pirthday) | Months | Days | Hours | Min. NEVER MARRIED July 18, 1876 Male White WIDOWED T DIVORCED [ physician and in a val, and in a 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY Insurance Maryland law requires that the death certificate attending phy ermit. Then p n. or removal, 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME William Boggess Marceline Wright been signed by the attend the burial-transit permit, for to burial, cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address City (Yes, no, or unknown) | (If yes give war or dates of service) Miss Revela Bozman 408 Stevenson 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) 22 DUE TO Cenditions, If any, which Acute and chronic bronchitis with bronchopneu-(b) gave rise to Immediate as the prior to monia DUE TO cause (a), stating the underlying cause last. has (c) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY certificate PERFORMED? for us YES TE NO T 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) etached Demt. of DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) After this details and be detailed factory, street, office bldg., etc.) Hour a.m. While - Not While ATTENDING at work at work ਚ May 10. 1966 to May 13. 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should and that death occurred at 3:15M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED e ge ATTENDING May 14, 1966 K DIRECTOR TO HOSPITAL (
Page 4 may M.D. PHYS. PHYS. # E O FUNERAL director, pa shound be fil 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) D.R. Govinda Rao, M.D. 7620 York Rd., Baltimore, Md. 21204 BURIAL, CREMATION, REMOVAL (Specify) DATE THEREDE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 9 Druid Ridge Baltimore County 61 Buria 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE VR #15 (4) Mitchell-Wiedefeld Home 6500 York Rd. DATE 1/65 12, Balto.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06453 death. requires that the death certificate be executed within 24 hours after death. in by the funeral rs. Pages 1 and 2 2 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before PLACE OF DEATH o. COUNTY a STATE b. COUNTY BALTIMORE MARYLAND CARROLL MARYLAND b. CITY OR TOWN (If outside carparate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) FORT HOWARD 127 DAYS WESTMINSTER d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? ROUTE 4, BOX 98 VETERANS ADMINISTRATION HOSPITAL YES IN NO 3 NAME OF 4. DATE First Middle Last Manth Year DECEASED MAY 26 19 66 EDWARD BOLLINGER (Type or print) DEATH S SEX 8. DATE OF BIRTH 9 AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** birthday) Months JULY 22, 1889 MALE WHITTE WIDOWED X DIVORCED 1Da USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12 CITIZEN OF WHAT IDE KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) INDUSTRY FARM COUNTRY? WESTMINSTER, MARYLAND FARMER U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, ABDIAH BOLLINGER MARTHA UNDERZEACK 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, ar unknown) (If yes give war or dates of service) 32 01 CLIN.RECORDS. VA HOSPITAL, FT HOWARD, MD. burial, crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY FRONTAL LOBE INFARCTION, POST OPERATIVE IMMEDIATE CAUSE (o) DUE TO EXCISION OF MENINGIOMA Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying couse 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO FUNERAL DIRECTOR; After this certificate 200 ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Haur a.m Not While factory, street, office bldg., etc.) at wark 1/19/66 21. I certify that 49 (this hospital) attended the deceased from 2 ., 19....., that 街 (we) last Page 4 may be retained and that deoth occurred at 7:25AM, from causes and on the date stated above 26/66 sow the deceased alive on. 22a SIGNATURE 22b DATE SIGNED **ATTENDING** tar, page 3 Id be filed v DIRECTOR M.D. PHYS PHYS. 22d. ADDRESS 22c PHYSICIAN'S VAH FORT HOWARD, MARYIAND NAME (Type) G. HENNESSY, M./D. ROBERT directo 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) 23b DATE THEREOF BURIAL CREMATION (County) (State) REMOVAL (Specify) DEER PARK CHURCH CEMETERY WESTMINSTER, MD. ROWS 9 2Sb REGISTRAR'S SIGNATURE REC D BY REGISTRAR Myers Funeral Home 24 FUNERAL DIRECTOR VR A15 (4) 1966 Westminster, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH and 2 death requires that the death certificate be executed within 24 hours after death and completely filled in by the funeral remove corbon popers. Pages 1 and in anv event, within 72 hours after deat PLACE OF DEATH USUAL RESIDENCE (Where deceased lived of institution Residence before admission) a. COUNTY o. STATE b. COUNTY BALITIMORE MARYTAND MARYLAND b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 15 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown) write RURA, and give nearest town) 285 DAYS BALTIMORE FORT HOWARD IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 2911 W. NORTH AVENUE VETERANS ADMINISTRATION HOSPITAL NAME OF Frst Mistalle 4 DATE Last Month Day Year DECEASED (Type or print) GEORGE T. BOND MAY 20 DEATH 19 IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 7 MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR NEVER MARRIED b.rthdoy1 Hours MARCH 4. NEGRO MALE WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT ictan ( leose during most of working life, even if retired) CARPENTIER CONSTRUCTION COUNTRY A. MONTGOMERY CO. MARYLAND 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ANNIE HALL CHARLES J. BOND WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, na, ar unknown) (If yes give war or dates of service CLIN. RECORDS. VA HOSPITAL, FT HOWARD, MD. YES 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY CARDTO-RESPT INTERVAL BETWEEN RECENTOEATH CARDIO-RESPIRATORY ARREST IMMEDIATE CAUSE (a) DUE TO LEFT TONSILLAR REGION WITH METASTASES 22 YEARS Conditions, fany, which gave (b) rise ta immediate cause (a). DUE TO stoting the underlying couse Page 4 may be retoined by the hospital or attending hos been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? IO FUNERAL DIRECTOR: After this certificote YES NO ঠ 20g ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II af item 1B.) OR CONTRIBUTING CAUSE OF DEATH be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Hour a.m Nat While factory, street, office bldg., etc.) at wark at wark 8/9/65 5/20/66 19 that A (we) last 21. I certify that (4) (this hospital) attended the deceased fram. page 3 should 5/20/66 and that death occurred at 5:004M, from couses and on the date stated above. \_19\_ saw the deceased glive on 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS 5/20/66 M.D. PHYS 22c. PHYSICIAN 22d **ADDRESS** VAH FORT HOWARD, MARYIAND NAME (Type) MC **ELFATRICK**, M. D. **VGEORGE** director, should be BURIAL, CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) BALTIMORE, MARYLAND May 24. BALTIMORE NATIONAL 250 REC'D BY REGISTRAR 2Sb. REG STRAR'S SIGNATUR 24 FUNERAL DIRECTOR VR A15 (4) 3 20 M 1/66

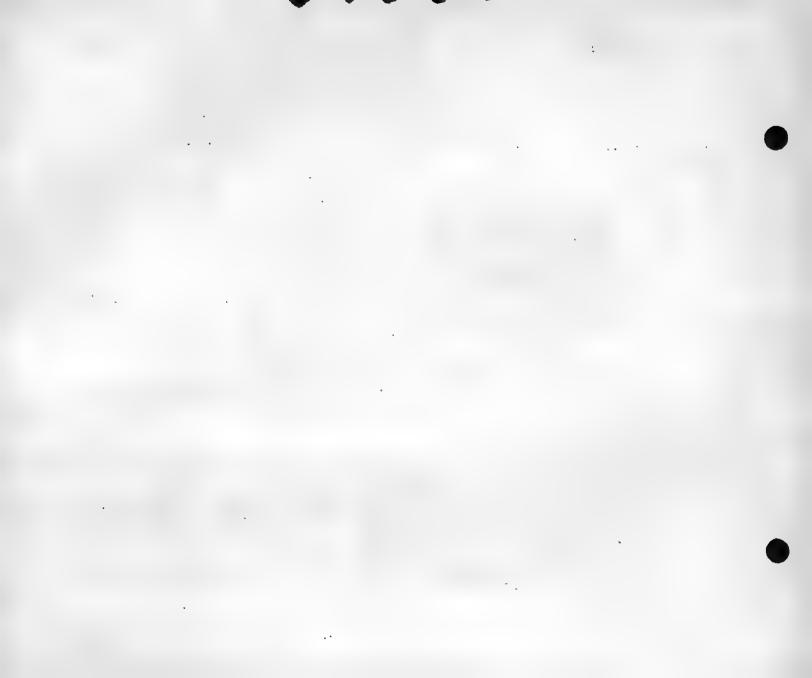
1 4 . ; + 1

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death P SH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) COUNTY **b. COUNTY** a. STATE TIMOR MARYLAND. MARYLANO etely filled in by the rbon papers. Pages within 72 hours aft b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 12. W50h d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 24 601 Benning house YES ... NO X death certificate be-executed within completely 500 NAME OF DECEASED Middle DATE Month OF remove carb in any event, (Type or print) DEATH 3 184 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. 7. MARRIEO [ NEVER MARRIED ermit. Then please remove on, or removal, and in any e last birthday) Months | Oays WIOOWEO F OIVORCEO [ 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY HAMBORGE PL 12, CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? USA LLA-Hnown SALES LADV GENTROUND DEPT. Maryland STURE 14. MOTHER'S MAIDEN NAME WINKHOUN MARTHA en signed by the attend burial-transit permit. burial, cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 1 17. INFORMANT MAS. MARGARET E. WHEDBEE CONTRACTORNO 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) retained by the hospital or attending physician. DUE TO Conditions, If any, which gave rise to Immediate as the prior to OUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) WAS AUTOPSY certificate has the state of the search of Health p PERFORMED? NO I YES [ 20a. ACCIOENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc. Hour a.m. While Not While p.m. at work at work DIRECTOR: Af age 3 should I lled with the S 1966 to Man 21. I certify that (!) (this hospital) attended the deceased from 1/1 19.66, and that death occurred at 10.070M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED O KOSPITAL OR Page 4 may be O FUNERAL DIRE director, page 3 should be filed v ATTENOING M.D. OIRECTOR **PHYSICIAN'S** 22d. ADDRESS NAME (Type) CENTER 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (City, town or county) (State) Md. Burial Stablersville Parkton AODRESS 25a. REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **FUNERAL OIRECTOR** Rgad Henry Sons Co. VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06458 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH completely filled in by the funeral available pages. Pages 1 and o. COUNTY b. COUNTY Baltimore BALTIMORE MARYLAND C LENGTH OF STAY IN 16 c (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If autoide carparate limits, write RURAL and give nearest tawn)

CATONSULCE

d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Baltimore 32 YEARS d STREET ADDRESS e IS RESIDENCE ON A FARM? 1103 North Bond YES NO 3. NAME OF Lost 4 DATE Manth Year DECEASED (Type or print) OF 5 WILLIAM 1966 TONES DEATH IF UNDER 24 HRS. AGE (In years S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Manths Hours WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most atwarking life, even it retired) INDHSTRY signed by the attending physician abusing burial-transit permit. Then please MARYLAND 14. MOTHER'S MAJOEN NAME 13. FATHER'S NAME HAM MOND RION 17. INFORMANT 16. SOCIAL SECURITY NO It if yes give war or dates of service GROVE HOSP. RECORD unknown unknown INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause as the be retained by the hospital or attending has been last WAS AUTOPS) PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO TH O FUNERAL DIRECTOR: After this certificate 20g ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or tawn) (County) (State) 20c TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Nat While 192360ta May 21, 19 66 that \$1) (we) last 21. I certify that 30) (this haspital) attended the deceased fram M, fram causes and an the date stated above 19 66, and that death accurred at saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE MED DIRECTOR 5-21-56 22d. ADDRESS SPRING GRO VE STATE 22c. PHYSICIAN'S NAME (Type) Baltimore, Maryland 21228 Kopits Inre director, shauld b 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o BURIAL CREMATION 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Anatomy Board of Md. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Udb Fikesville, Md. Funeral Home

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 and 2 death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY after MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENCTH OF STAY IN 1b c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours omasd. NAME OF HOSPITAL OR INSTITUTION (if not in hospital Pre street address) d. STREET AOORESS e. IS RESIDENCE eq ON A FARM? within NO Z within letely NAME OF Middle 4. DATE Day Year DECEASED (Type or print) DEATH executed 6. COLOR OR RACE | 7. MARRIED | NAME 5. SEX ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | last birth (1947) | Months | Quys | Hours | Min. Months ! Oays yrs. attending physician sermit. Then please pour on removal, and in-10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 127 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) certificate be COUNTRY? FATHER'S NAME MOTHER'S MAIDEN NAME ed by the attend transit permit. cremation, or n 15 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN 16. SOCIAL SECURITY NO. Address (Jes, no, or unkown) ((If yes give war or dates of service) 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). TERVAL BETWEEN been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) requires Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the has be as th prior 1 underlying cause last. ERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health r this certificate the detached for use te Dept. of Health PERFORMEO? YES ! NO [ 20a ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURREO, (Enter nature of Injury in Part 1 or Part 1) of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. Not While at work After d be d While 19 at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should filed with the 1966 , and that death occurred at AM, from the causes and on the date stated above. saw the deceased alive on. 22a. SICNATURE 22b. DATE SIGNED MED. DIRECTOR M.O. PHYS. PHYSICIAN'S FUNERAL 22c. 22d. ADDRESS TO FUNERA director, l should be NAME (Type) A. Bradley Daugharthy 1264 Francis Ave. Arbutus III 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) FUNERAD DIRECTOR 25b. RECISIRAR'S SICNATURE REC'D BY RECISTRAR VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH SASI PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Baltimore Baltimore MARYLAND death. Department c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. I FNGTH OF STAY IN 1h funer Towson Two years Towson after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? CXMINER: This certificate should be executed within 24 hours after death. If any delay certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to ould be forwarded to the Chief Medical Examiner's Office along with form PM3. Page State hours St. Joseph Hospital 1621 Landon Road DOA ND T YES NAME DE DECEASED 4. DATE Month First Middla Last May 21. 66 DEATH 19 (Typa or print) Charles Kenneth Brodie 6. COLDR OR RACE | 7. MARRIED AGE (In years | IF UNDER 1 YEAR HE UNDER 24 HRS DATE OF BIRTH NEVER MARRIED last birthday) Months | Days Hours 1 Male White Feb. 10. 1913 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR U.S. Post Office COUNTRY? Clerk Baltimore. Maryland USA pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles A. Brodie Lillian I. Stuart File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Addrass 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) permit. 218-05-4139 Pauline F. Same Brodie INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] ONSET AND/DEATH burial-transit p PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (e), stating tha 60 underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION used to bu PERFORMED? YES NO F should be 20b. DESCRIBE HDW INJURY OCCURRED. (Enter natura of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc. Hour a.m. White Not While at work at work and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy should ! Inspection Toquiry FUNERAL DIRECTOR: Undetermined manner death resulted from: Natural causes 12 Accident Suicide Homicide CHIEF MEDICAL EXAMINER YOUR DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE for DEPUTY MEDICAL EXAMINER **EXAMINER'S** director, retained Dr. Charles F. O'Donnel Address (Street, city, town, or county) NAME (Type) 23d. LDCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION I 23b. DATE THEREOF Baltimore, Maryland 00 REMOVAL (Specify) 1966 Greenmount Cemetery Burial REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Eurenia K. Se Seftz Funeral Seitz al Home 5209 York Road Baltimore, E VR ALSME (5) 1/65

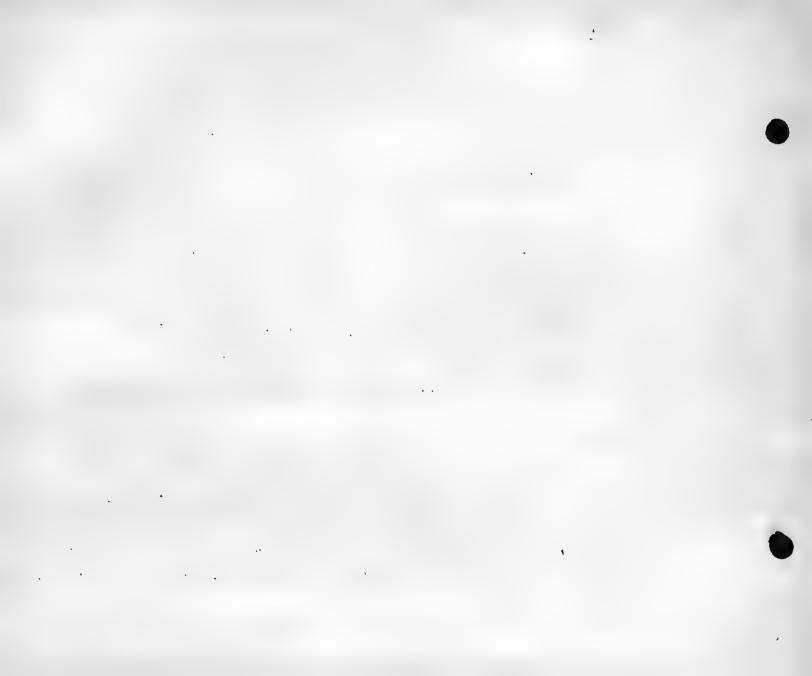


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 06461 The low requires that the deoth certificate be executed within 24 haurs after death. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY o. STATE Maryland b. COUNTY BALTIMORE Baltimore MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 Baltimore, Maryland 21208 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? filled 4106 Milford Mill Rd. NO A BALTIMORE COUNTY GENERAL HOSPITAL. INC. 3 NAME OF First Thomas Middle 4 DATE Lost Year DECEASED OF DEATH The 036/26 19 66 26 He rbe rt Sr. Brown May (Type or print) 9. AGE (In years lost birthdoy) SEX 6. COLOR OR RACE 8 DATE OF BIRTH IF UNDER . YEAR | IF JNDER 24 HRS 7 MARRIED NEVER MARRIED MALE WHITTE Sept 8, 1895 DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. during most planting life even if retired) INDUS Roofing physician ( ien pleose Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Thomas Brown Isabella Ruff 16. SOCIAL SECURITY NO 17 INFORMANT 15 WAS DECEASED EVER IN (LS. ARMED FORCES? 4106 Milford Mill Rd (Yes, w. or unknown) (If yes give wor or dates of service) 6 Mrs. Florence Brown 3504/ Jean /Dwive/ Balto 216-09-1175 buriol, cremation, 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the buriol-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Massive Asparation of stomach content IMMEDIATE CAUSE, (n) the hospital or attending physicion. Bronchopneumonia, confluent of all lobes Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse this certificate has been 19. WAS AUTOPSY PERSORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACC DENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While factory, street, office bldg , etc.) of work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased from 5/20, 19 66, ta 5-26, 19 66 that (I) (we) lass sow the deceased alive on 5-26 19 66 and that death accurred at 1:100, M, from causes and on the date stated above 19 66, ta 22b DAJE SIGNED 220. SIGNATURE ATTENDING PHYS. M.D DIRECTOR 22d. ADDRESS Co. Gen. Hosp 22c. PHYSICIAN" Balto NAME (Type) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION, 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) Woodlawn Cemetery Md. Woodlawn Balto. 24. FUNERAL DIRECTOR VR A15 (4)



dead	UE462 CERTIFICATE OF DEATH	66458
1	PLACE OF DEATH  a. COUNTY  BALFO.  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution in the country and the c	
-	b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)  CATONSVILLE	e RURAL and give nearest tow
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  G. STREET ADDRESS  3/372CHG3FCR  AVE	e. IS RESIDENC ON A FARM?
3	NAME OF First Middle Last 4. DATE Month	VES ND Day Year
	DECEASED (Type or print) BIRDIE M. BRLL DEATH 5/14	/66 19
	F WIDOWED DIVORCED 10/23/70 (ast birthday) N	FUNDER 1 YEAR IF UNDER 24 H
d	a. USUAL OCCUPATION (Give kind of work done Industry)  Ing most of working life, even If retired)  10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN DF WHAT COUNTRY?
1	FATHER'S NAME	
ľ	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address es, no, or unknown) (If yes give war or dates of service)  ARS PACE N. RYLANDER PER	CHAM MANOR,
=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEE
. 44	IMMEDIATE CAUSE (a)  JOHN TO DUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.	ARTI(a) 119. WAS AUTOP
MANTE		PERFORMED YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of DR CONTRIBUTING 20b. DESCRIBE HOW INJURY DCCURRED.	item 18.)
MOLTENATION	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDION INCIDEN	CIF EITHER, NOTIFY MEDICAL EXAMINER)   20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   4   4   4   4   4   4   4   4   4	(County) (State
	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	_, 1966, that (I) (we) I
1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 4 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  21. I certify that (I) (this hospital) attended the deceased from 196, and that death occurred at 22a. SIGNATURE  22c. Physician's 12d. ADDRESS  NAME (Pype)  20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  4 to 196, from the causes a 22a. SIGNATURE  22c. Physician's 22d. ADDRESS  NAME (Pype)	_, 19 _C_, that (I) (we) I and on the date stated about the signed of th
/	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 4 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  21. I certify that (I) (this hospital) attended the deceased from 19 to	and on the date stated about 22b. DATE SIGNED  STATE SIGNED  WE SHIP TO STATE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY the Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) etely filled in by bon papers. Page within 72 hours a à Baltimore 21212 Baltimore d. STREET ADDRESS o. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) St. Joseph Hospital 1309 Walker Ave. YES NO X completely f within 3. NAME OF DATE Month Dav Year Middle DECEASED DEATH J. May 1966 (Type or print) Christopher Buscemi AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 30 DATE OF BIRTH last birthday) | Months ! Days Hours 10-22-60 WIDOWED [ DIVORCED Male White 12. CITIZEN OF WHAT COUNTRY? USA 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) physician and please r 93 death certificate be during most of working life, even if retired) INDUSTRY Maryland None None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Peter C. Buscemi Lorraine E. Land 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. d by the attent transit permit. cremation, or n (Yes, no, or unkown) | (If yes give war or dates of service) Mr. Peter C. Buscemi (Same) None No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] burial-transit burial, cremat ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Meningococcemia and meningococcal meningitis attending physician. DUE TO Conditions, if any, which (b) been gave rise to immediate as the l DUE TO cause (a), stating the underlying cause last. (C) WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. for use Health certificate the hospital or YES NO X PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) detached f he Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While While at work at work 1966 Ъ May 3. 19.66, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from OIRECTOR: age 3 should like with the and that death occurred at 9:45M. from the causes and on the date stated above. saw the deceased alive on May 66 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING May 3, 1966 DIRECTOR may Dai FUNERAL ( O HOSPITAL 22d. ADDRESS 22c. PHYSICIAN'S director, p NAME (Type) PeBenito, M.D. York Rd., Baltimore, Md. 21204 23d. LOCATION (City, town or county)
Baltimore, Md. (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Gardens of Faith Cemetery 166. ADDRESS REC'D BY REGISTRAR 25h. REGISTRAR'S SIGNATURE Leonard J. Ruck Inc. Balto. Md. 21214 VR A15 (4) 1/65 20M

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived of institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND BALTIMORE MARYLAND c LENGTH OF STAY IN 16 b EITY OR TOWN (If autside carparate limits, c CITY OR TOWN (If guitside carparate limits, write RURA) and a ve nearest town) RURAL and give nearest tawn)
HOWARD 139 DAYS BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) B IS RESIDENCE ON A FARM? d. STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL 725 GEORGE STREET YES NOX 3. NAME OF First Middle Last 4. DATE Month Day Year 200 DECEASED OF ROBERT BUTTER MAY 19 66 DEATH (Type or print) IF UNDER I YEAR 9. AGE (In years IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED B. DATE OF BIRTH NEVER MARRIED (ast birthday) Davs Haues JULY 4, 1891 DIVORCED MALE NEGRO WIDOWED 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a USUA, OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? physicion ten pleose pleose INDUSTRY CLAY COUNTY, GEORGIA attending physici permit. Then ple ion, or removal, a 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME HEIRY BUTTLER CLARA HAWK WAS DECEASED EVER IN U.S. ARMED FOR CES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war or dates of service) 1667 CLIN. REC., VAH. FT. HOWARD, MARYLAND INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) signed by the buriol-tronsit p buriol, cremotia PART I. DEATH WAS CAUSED BY: PULMONARY EMBOLI, PNEUMONIA AND SEPTICEMIA IMMEDIATE CAUSE (a) attending physician DHE TO MULTIPLE MYELOMA UNKNOWN Canditions, if any, which gave rise to immediate cause (a). DHE TO stating the underlying cause has been 19. WAS AUTOPSY PEREOR MED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION detoched for use e Dept, of Heolth NO TO FUNERAL DIRECTOR: After this certificate by the hospital or 205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) TIME OF INJURY Manth, Day, Year factory, street, affice bldg , etc.) Not While at wark 21. I certify that (4) (this haspital) attended the deceased fram Dec. 24 1965 , to May 12 \_, 19\_\_66that 🕅 (we) last be retained 19 66, and that death accurred at saw the deceased alive an\_May D. M, fram causes and an the date stated above. 12 22b. DATE SIGNED 22a SIGNATURE ATTENDING MED. DIRECTOR \* M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S director, po should be f LAWRENCE F. AWALT, JR., MD. NAME (Type) VET. ADM. HOSP., FT. HOWARD, MARYLAND 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23a BUR AL, CREMATION REMOVAL (Specify) BALTIMORE, MARYLAND BALTIMORE NATIONAL 5-16-66

ADDRESS

2Sa. REC'D BY REGISTRAR

CHARLES R. LAW FUNERAL DIRECTOR 1966

2Sb. REGISTRAR'S SIGNATURE

VR A15 (4)

24\_EUNERAL DIRECTOR

TO HOSPITAL

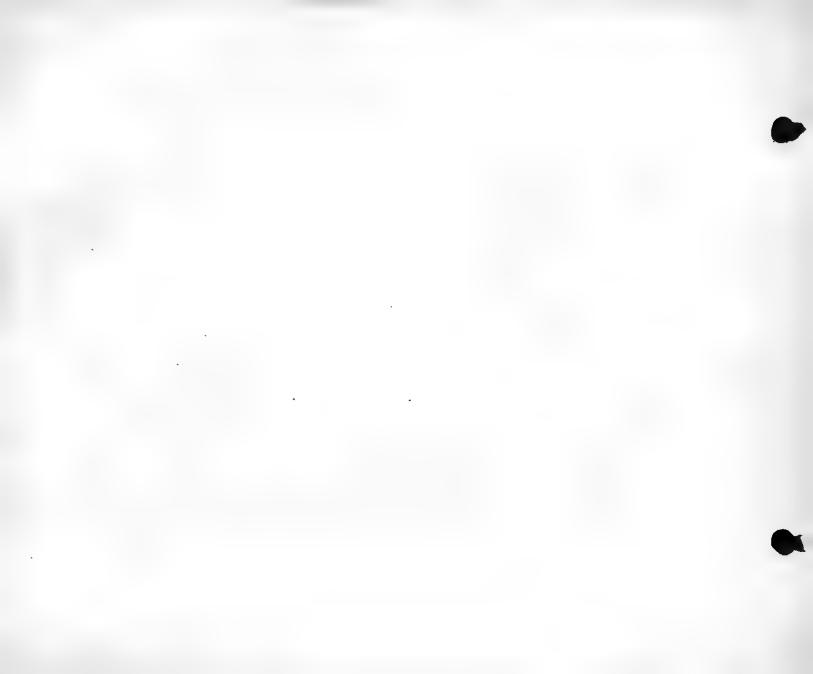
requires that the death certificate be executed within 24 hours after death



	DIVISION OF STATISTICAL RESEARCH AND RECO	DEPARTMENT OF HEALTH IRDS, 301 W. PRESTON STREET, BALTIMORE ATE OF DEATH	1, MARYLAND
1 1	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institute  e. STATE  b. COUNTY	tion: Residence before admission
-	Baltimore MARYLA  b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY I		Carroll V RURAL end give nearest town)
	Randallstown 9 Months d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street add Chapel Hill Conv. Home		e. Is residence on a farm? yes no X
3	NAME OF First Middle DECEASED (Type or print) Alice M.	Last 4. OATE Month OF DEATH 5	Day Year 2 5 19 66
]	Sex 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Formale WIDOWED DIVORCED	Jug. 21, 1879 (ast birthday) Mor	INDER 1 YEAR IF UNDER 24 HRS. Inths Days Hours Min.
01	De. USUAL OCCUPATION (Give kind of work done pring most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  10c. 10c. 10c. 10c. 10c. 10c. 10c. 10c.	Smithsburg Md.	12. CITIZEN OF WHAT COUNTRY?
	John W. Cable	14. MOTHER'S MAIDEN NAME May Martin Address	
(1)	(If yes give war or dates of service)	John Cable 3rd. Sykesbille M	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (2) Cerulius &	encular occurling.	INTERVAL BETWEEN ONSET AND DEATH
, 으 등   그	Conditions, if any, which gave rise to immediate	ribure, arleuroschrons	5-25-66
	underlying cause last. (c) Generally S	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T1(a) 119. WAS AUTOPSY
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter nature of injury in Pert I or Part II of Ite	PERFORMED? YES NO  mm 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20 Hour a.m. While Not While p.m. 19 at work ot work	e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bidg., etc.)	(County) (State)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 222. SIGNALVIE	I that death occurred at \$.30 fM, from the causes and	on the date stated above.  DATE SIGNED
	22c. PHYSICIAN'S	M.D. ATTENDING MED. OIRECTOR STAFF    22d. ADDRESS   2   4   4   4   4   4   4   4   4   4	5-25-66
23	NAME (Type) Howard 2. Hall  BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEM REMOVAL (Specify)	ETERY DR CREMATORY 23d. LOCATION (City, town	or county) (State)
2	Burial   5/28/66   Green H	25a. REC'D BY REGISTRAR   25b. REGIS	TRAR'S SIGNATURE
	Walter y From E, Waynesboro	Pa.   DAMAY 27 1966   FCLO	ver judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 26466 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before o. COUNTY b. COUNTY o. STATE Raltimore ₽ ofter death MARYLAND ryland Raltimore b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (It outs de corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Catonsville Catonsville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? havrs 413 Oella Avenue YES NO I 413 Oella Avenue haurs after death alang with 3 NAME OF Middle Frst Lost 4 DATE Month Dov Year DECEASED "a v 8 (Type or print) Sherman Campbell DEATH 1966 John S SEX 8 DATE OF BIRTH 9 AGE ( n years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Months Hours ala le White 9/26.1927 WIDOWED DIVORCED 100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Pressman Paper Mill Carevilentucion
14. MOTHER'S MAIDEN NAME Examiner 13. FATHER'S NAME William Campbell Ethel Holt pup IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT CatonsvillAddress - 3. 21228 This certificate should be executed ar removal. (Yes no prunknown) lift yes give war or dates of service) rs. Fauline Triplett 213 Cella Avenue 219-22-8/07 18. CAUSE OF DEATH (Enter only one cause per time for (o), (b) and (c)) INTERVAL BETWEEN PART | DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) crematian, DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO storing the underlying couse forwarded burial, 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ITO) PERFORMED? NO IL YES agent, priar ta 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of Item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c TIME OF INJURY Month, Boy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, ((ify or fown) (County) (Stote) factory, street, office bldg , etc.) Not While ot work ot work designated FUNERAL DIRECTOR: P 2) I certify that I taak charge of the remains described above, held an Autopsy Inspection X, Inquiry X and in my apin on the funeral director. death resulted from. Natural causes Suicide . Hamicide | Accident Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE TO FUNERAL Health or 1 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Burial rederick Ave. Baltimore. Baltimore National 2So REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR DAMAY VR A 15ME (5) Catorsville. Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, Film G376 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Baltimore MARYLAND Marvland 27 27 8 b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) bon papers. Pag within 72 hours .= Baltimore, Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3 Dulaney Towson Nursing Home 806 Argonne Drive within etely carbon NAME OF DATE Middle Last Day DECEASED event, 1 сошрі (Type or print) DEATH H Carroll 1966 Danie] executed 6. COLOR OR RACE 5. SEX 8. DATE OF BIRTH AGE (In years TFUNDER 1 YEAR IF UNDER 24 HRS. 14st b)rthday) Months | Days | Hours | Min. 7. MARRIED гетточе NEVER MARRIED [ and and in any WIDOWED X July 23, male white DIVORCED [ 1878 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ease requires that the death certificate be during most of working life, even If retired) COUNTRY? Harford County U.S.A Accountant 큠 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal ing pt Then Anne 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit, cremation, or r 16. SOCIAL SECURITYNO. 17. INFORMANT Address (Yes, no. or unkown) ((If yes give war or dates of service) 279 30 4403 Dulaney Towson Nursing Home, 111 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c))] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. signed DUE TO buri Conditions, If any, which (b) been gave rise to immediate また DUE TO cause (a), stating the underlying cause last. (c) 8 CERT. FICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health r this certificatal PERFORMED? YES NO TE ZDA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) **5** 0 MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) ø Hour a.m. While Not While After ATTENDING p.m. 19 at work at work Р that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. and that death occurred at 150PM, from the causes and on the date stated above. saw the deceased alive on. 19.66 3 sho RICT 22a. SIGNATURE page ATTENDING PHYS. DIRECTOR PHYS. M.D. HOSPITAL director, p PHYSICIAN'S ADDRESS FINEMAL 22c. 22d. 23a. BURIAL CREMATION, 23b. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) emeteri 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR John A. Monan, Inc. 3000 VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, and PLACE OF DEATH 8. COUNTY dep 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY Baltimore alto. the 1 es 1 MARYLAND Pages City DR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Catonsville Catonsville papers. filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita), give street address) d. STREET ADDRESS B. IS RESIDENCE within 72 ON A FARM? Dungarrie Rd. 6 Dungarrie Rd . NO X YES PHYSICIAN: The law requires that the death certificate be executed within etely carbon 3. NAME OF First 4. Month Middle DATE Day Year DECEASED DF 1966 Burford Cashman compli (Type or print) Annie DEATH Mav 6. COLOR DR RACE 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. and cor DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months I Davs Hours Feb WIDOWED [ 65 DIVORCED [ 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired)

Housekeeper

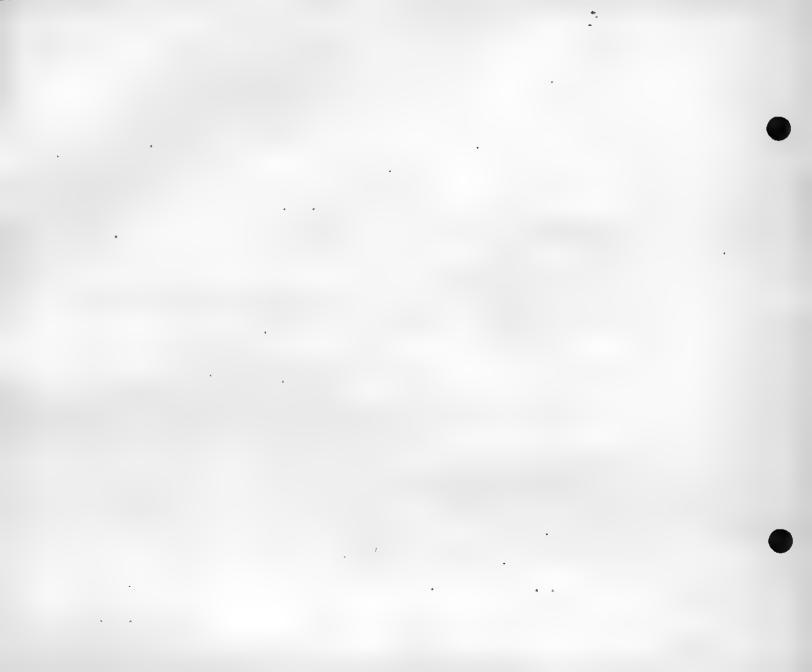
Home 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician lease and jr COUNTRY? Penn. removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phermit. Then James F. Annan Mary Ruffenbart 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 6 (Yes, no, or unkown) (If yes give war or dates of service) HangyvS. Bungarrie Rd No 6 cremation, shman 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Signed DUE TO been signation Conditions, If any, which (b) gave rise to immediate as the b DUE TO (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 AUTOPSY for use Health PERFORMED? YES NO DO 20a. ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of Item 18.) tached f Dept. of OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While ATTENDING at work at work 19 40 ਰ 21. I certify that (!) (this-hospital) attended the deceased from DIRECTOR: 19 66 and that death occurred at 1/24 M. from the causes and on the date stated above. saw the deceased alive on 3 sh 22a\_SIGNATURE DATE SIGNED 22h. ATTENDING MED page filed PHYS. DIRECTOR PHYS M.D. HOSPITAL FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS þe should NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 23h DATE THEREOF 23d. LOCATION (City, town or county) 0 REMOVAL (Specify) ADDRESS REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. - FUNERAL DIRECTOR 25a. VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY a. STATE b. COUNTY by the f Pages 1 urs after, Baltimore Maryland Cecil MARYLAND CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) and completely filled in by emove carbon papers. Pagayrevent, within 72 hours Catonsville 2vrllmth28dys Elkton, Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ACCRESS e. IS RESIDENCE DN A FARM? 112 Maffitt Street SPRT &G GROVE STATE HOSPITAL YES ND executed within 3. NAME OF First elhhiM DATE Month Öay Year DECEASED Clara Cassidv DF remove cart A . (Type or print) Mav DEATH 19 5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIEO 8. DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS last birthday) Months I Oavs female white WIDDWED 82 OLVORGED [ Oct. 3. 1883 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) physiclan n please r Ξ 10b. KING OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DE WHAT The law requires that the death certificate be INDUSTRY **COUNTRY?** U. S. Canada nurse 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova James McGaw
15. WAS DECEASED EVER IN U.S. ARMED FDRCES?
(Yes, no, or unknown) | (If yes give war or dates of service) Rachel Howard the attend it permit. 16, SOCIAL SECURITY ND. 17. INFORMANT Address OF transit perm cremation, 020-21:-9577 Records: SPRING GROVE STATE HOSPITAL unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the burial-transit or to burial, crema ONSET AND OEATH PART I. CEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicemia **OR ATTENDING PHYSICIAN:** The law requires that til be retained by the hospital or attending physician. DUE TO Decubitus ulcerations Conditions, If any, which gave rise to immediate DUE TO cause (a), stating has be as th prior Generalized arteriosclerosis underlying cause last. (c) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) After this certificate had be detached for use a State Dept. of Health p WAS AUTDPSY PERFORMED? YES 20a. ACCIDENT WAS UNDERLYING [ DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work DIRECTOR: Af age 3 should 1 lied with the S 21. I certify that (# (this hospital) attended the deceased from 63 to May May and that death occurred at ASM. from the causes and on the date stated above. saw the deceased alive on... 66 22a. SIGNATURE 22b. DATE SIGNED page filed ATTENOING STAFF PHYS. Page 4 may b DIRECTOR PHYS O FUNERAL director, pa PHYSICIAN'S 22d. AOORESS Stella Wachsler, M. D. GROVE STATE HOSPITAL NAME (Type) Baltimore, Maryland 21228
23d. LOCATION (City, town or county) 23b. DATE THEREDE BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23c. UNERAL DIRECTOR 25a. REC'D BY REGISTRAR VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY b. county Baltimore a. STATE Baltimore MARYLAND Department after death. b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville Catonsville the 5 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? State Glenwood Ave. Glenwood Ave. NO. NAME OF First Middle Last DATE Month Day ... Year DECEASED Pauline Cerniglia DEATH May 19 66 (Type or print) Anna 2 with within 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS form 7. MARRIED X NEVER MARRIED last birthday) | Months | Days Hours we-Pages Aug. 22.1906 50 WIDOWED DIVORCED N event 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY **COUNTRY?** Housekeeper Home Md. any pages in any 13. FATHER'S NAME 14. MÖTHER'S MAIDEN NAME Frank Schirmer Ann File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) permit. removal, Nicola Cerniglia-116 Glanwood Ave. No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac failire burial-transit cremation, or 26601 DUE TO Medical Cordiovascular disease #### Emphysemia Conditions, if any, which (b) gave rise to immediate Diabetes Vellitis DUE TO cause (a), stating 62 used as a to buriaf, underlying cause last. (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 3 should bagent, price MEDICAL , 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection Inquiry FUNERAL DIRECTOR: Health or its design Undetermined manner death resulted from: Matural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER your ACTUAL . 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MED! for DEPUTY MEDICAL EXAMINER TA please ex director. retained **EXAMINER'S** Address (Street, city, town, or county1010Leeds ef.er m.D NAME (Type) eGeo.s. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 0 Cathedral Cemeterv Baltimore Burial REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR VR A15ME (5)



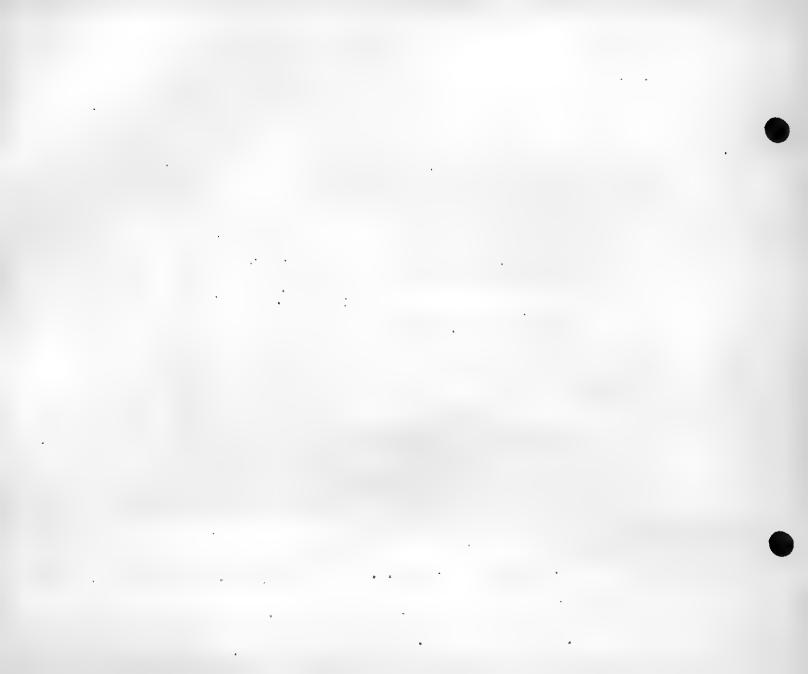
_ 1 (B)	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
= 7	C6472 CERTIFICATE OF DEATH 66467
hours after death. d in by the funeral rs. Pages 1 and 2 thours after death.	1. PLACE OF DEATH a. CDUNTY  Baltimore  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland b. COUNTY Baltimore
ours aftu in by th Pages hours aft	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)  Riderwood  C. LENGTH OF STAY IN 1b  Riderwood  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Riderwood  2/204
24 fille n 72	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  1807 Roland Avenue    Avenue   Comparison of the street address   Comparison o
d withi mpletel carbon ent, wit	3. NAME OF DECEASED (Type or print) Martin Luther Chenoweth Last   4. DATE Month Dear Year OF DEATH May 22, 1966 Day Year 19
any any	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years if UNDER 1 YEAR IF UNDER 24 HRS.    Male   White   WIDOWED   DIVORCED   Dec. 18, 1890   9. AGE (in years if UNDER 1 YEAR IF UNDER 24 HRS.    Months   Days   Hours   Min.
ag ag ag	Policeman- retired Balto. Co. Police Maryland
certificat nding phy Then p removal,	William Chenoweth Annie E. Det
e death certi the attending it permit. Th	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) None 16. SOCIAL SECURITY NO. 17. INFORMANT Address  Family records
es that th physician. signed by urial-trans urial, crem	18. CAUSE OF DEATH [Enter only one cause, per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which  (b)
ttending t ttending t has been as the b prior to b	gave rise to immediate cause (a), stating the DUE TO Underlying cause last.
ospital or atl certificate h ned for use t. of Health p	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19 WAS AUTOPSY PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)  COLUMN TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19 WAS AUTOPSY PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)  COLUMN TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19 WAS AUTOPSY PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
the hospital or a this certificate detached for use e Dept. of Health	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
retained by the CTOR: After the should be det	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20f. (City or town) (County) (State)   20g. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20f. (City or town) (County) (State)   20g. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20f. (City or town) (County) (State)   20g. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20f. (City or town) (County) (State)   20g. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.)   20g. TIME OF INJURY (Home, farm, factory, street, offi
Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	21. I certify that (i) (this hospital) attended the deceased from 19 to 19 to 19 to 19 that (i) (we) last saw the deceased alive on 2 19 to 19 t
Page 4 may be FUNERAL DIRE director, page 3 should be filed w	22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS
Page 4 may 100 FUNERAL director, page 100 Should be 110	23a. BURIAL GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  REMOVAL (Society)  May 25, 1966 Moreland Memorial Park Parkville, Md.  24. FUNERAL DIRECTOR  ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
AI5 (4)	John Burns' Sons, Towson, Maryland DANSAY 27 1968 Jelies Judge



16 1 M		EPARTMENT OF HEALTH  W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	06472 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
HEALTH DEPT.	I PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived of institution: Residence before admission)
lay is 13 to Page ent of leoth.	G COUNTY Baltimore MARYLAND	Maryland b. COUNTY Baltimore
<u> </u>	b CTY OR TOWN (If autside carparate limits, C LENGTH OF STAY IN 16	c CITY OR TOWN (If autside carparate Emits, write RURAL and give nearest tawn)
2, ond 3 PM3. Pa partment after deo	write RURAL and give nearest town) Lutherville  12. YEARS.	Lutherville
	d. NAME OF HOSPITAL OR INSTITUTION (It not in hospital, give street address)	d. STREET ADDRESS e IS RESIDENCE ON A FARM?
	UTHERVILLE	504 College Ave.
nours after death I fer along with for the state with the State	3 NAME OF First Middle	Last 4 DATE Manth Day Year
after deat 8. Give Pag olong with with the St within 72	(Type or print) LRA FRANCIS	CHESTER DEATH May 16 19 66
afte 8. Gi olong with	S SEX 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED	B DATE OF BIRTH  9 AGE (In years   IFUNDER   YEAR   FUNDER 24 HRS    April 2, 1909   57 AGE (In years   IFUNDER   YEAR   FUNDER 24 HRS    Months Days   Hours   Min.
m 18 Fice of Fice of the		
OF 35-W	10a US., AL OCCUPATION (Give kind of work dane during most of working life, even if retired) IDB KIND OF BUSINESS OR HNDUSTRY	11 BIRTHPLACE (State or foreign country) 12 (11 ZEN OF WHAT COUNTRY?
Z = v ev x	duning most of working life even if retired)  Postal Worker  U.S. Post Office	Baltimore, Maryland U.S.A.
within pencil xamine ile pas	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
	Ira B. Chester	Mary F. Andrews
xecuted nding" in Medical E. permit, F	15 WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, na, ar unknawn) (If yes give war ar dates at service) 218-18-9387  Yes	S. N NETTA CHESTER SAME AS 2D
ate should be end the word "per do to the Chief" of burral-tronsit cremation, or re	IB CAUSE OF DEATH (Enter any one cause per line for (a) (b), and (c))  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (c)  (c)	Occlience Chief Desco 1440
	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINA, DISEASE CONDITION GIVEN IN PART I(o)  19 WAS AUTOPSY PERFORMED?  YES NO
MINER: This the certificate, the certificate, the should be for the 3 should be to gent, prior to 1	PRIMARY OF CONTRIBUTING C	(Enter nature of injury in Port I or Port II of item 1B.)
O DEPUTY MECKAL EXAMINER: The necessory, please execute the certificative functol director, Poge 4 should be made for your fles. O FUNERAL DIRECTOR: Page 3 should leadth or its designated agent, prior	Haur a m Whe Not Wh.le for at work at work	ACE OF NJURY (Home, form, 120f (City or fown) (County) (State) (County) (State)
L EXA lecute Poge for you R: Pag	21. I certify that I took charge of the remains described above, h	eld an Autopsy [], Inspection [4], Inquiry [], and in my opinion
Set of the	death resulted from: / Natural causes	cide 🔲, Hamicide 🔲, Undetermined manner 🔲
MECTAL EXA pleose execute Idrector. Poge retained for you DIRECTOR: Poge ts designoted o	ACTUAL SIGNATURE ( CALOT Ch) CONCRETE	CHIEF MED CAL EXAMINER ASSISTANT MED CAL EXAMINE
necessory, pleose execute the funeral director. Poge 4 5 moy be retained for your for Funeral Directors. Page Health or its designated age	EXAMINER'S NAME (Type) Charles F. O'Donnell	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)
D D D D D D D D D D D D D D D D D D D	23a BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d COCATION (City or Town) (County) (State)
5 5 ± 2 5 ±	Burial (Specify) 5-20-66 Baltimore Na	
VR A15ME (5)	24. FUNERAL DIRECTOR ADDRESS Wm. Cook-Brooks Towson Inc. 1050 York	250 REC'D BY REGISTRAR 250 REGISTRAR 5 SIGNATURE
18		



	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
E WA	The Mark	CERTIFICATE OF DEATH					
deat	and	1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admissing a state b. COUNTY					
hours after death	076	Baltimore Maryland Maryland					
5	Na.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Baltimore  21214					
	ed in the sars. P	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENT ON A FARM					
1 24	tely filled bon papers within 72 l	St. Joseph Hospital 5104 Plymouth Rd YES NO.					
executed within	completely we carbon p event, withi	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF 36 A 6					
v pa	comple ve carl event,	(Type or print)  Baby Girl CHILDRESS  DEATH May 16 19 66  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X8. DATE OF BIRTH  9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HI					
cecul	sician and college Ferrove	female white widowed Divorced May 15 1966 last birthday) Months Days Hours Mir.					
be ex	552	10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired)   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?					
	~~	none Maryland USA  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME					
certificate	iding pl Then remova	James M. Childress Phyllis G. Jentry					
9	the attending it it permit. Then nation, or remov	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address (Yes, no, or unknown)   (If yes give war or dates of service)					
death	le at perm ion,	James M. Childress same					
計	> vs =	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  Anencephaly.					
requires that the	ned al-tra	IMMEDIATE CAUSE (a)					
Ires	n sig burit	Conditions, If any, which gave rise to immediate (b)					
w requires that t	the the	cause (a), stating the DUE TO					
<u>~</u> ±							
The	ificate h for use Health	YES NO [					
PHYSICIAN:	cert red t. of	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPS PERFORMED? YES NO [ 20a, ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While at work at work						
NICH	the Sine	21. I certify that (I) (this hospital) attended the deceased from Nay 15, 1966, to May 16, 1966, that (I) (we) is					
ATTENDING retained by	Short	saw the deceased alive on May 16 1966, and that death occurred at 12 M, from the causes and on the date stated about 22a. SIGNATURE 12b. DATE SIGNED					
80		Staff May 16, 1966					
O HOSPITAL	T	22c. MYSICIAN'S NAME (Type) Glocrito G. Sagisi, M.D. 22d. ADDRESS 7620 York Rd. Baltimore, Md. 21204					
O HOS	O FUNERAL director, p should be	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)					
=	2	24. FUNERAL DIRECTOR  ADDRESS  ADDRESS					
VR	A15 (4) (1)	Leonard J. Ruck, Inc. Baltimore, Md. MAY 17 1966 flowles Judge.					
10		I MULE					



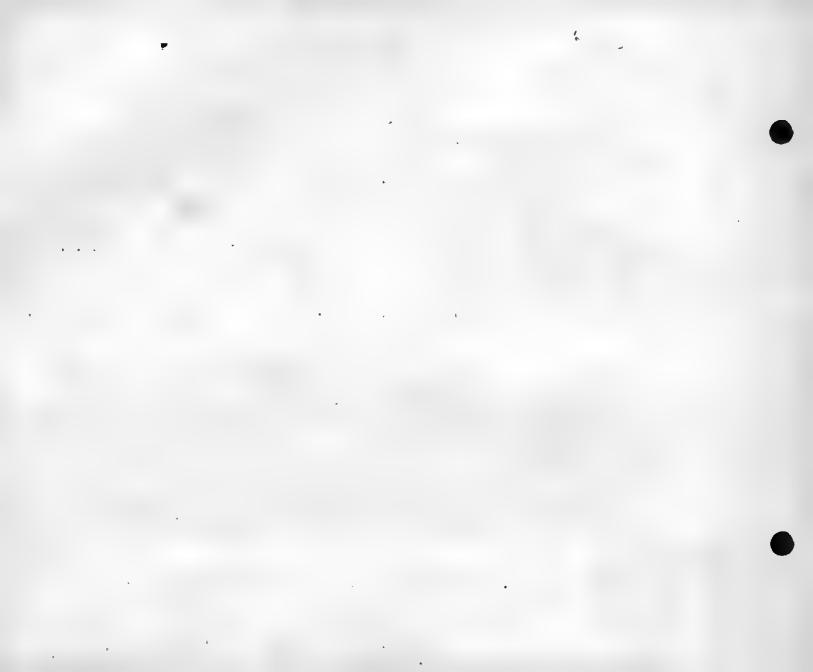
£ 1 6%	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2	1201
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2  OG474  MEDICAL EXAMINER'S CERTIFICATE OF DEATH	06470
HEALTH DEPT.	O COUNTY Balto b COUNTY MARYLAND  2 USUAL RESIDENCE (Where deceosed i ved, if institution Residuence of STATE and b COUNTY of the County of th	i.i b V
f any delay is 1, 2, and 3 to m. PM3. Page Department of its ofter death.	b (ITY OR TOWN (If outs de corporate limits write RURAL and growing regress town)  C C TY OR TOWN (If outs de corporate limits write RURAL and growing regress town)  The company of the corporate limits write RURAL and growing regressions and regressions and regressions are regressions.	ive nearest town)
ges 1, 2, 1 form 1 form 1	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS. Mil Wilson State Hasp. mil Wilson State Hasp.	e 15 RESIDENCE ON A FARM? YES NO
24 hours after death. In Item 18. Give Pages it's Office along with far es to my the State only event of thin 72 hours	Terreal white widowed DIVORCED 14-7-10 ost birthdoy) Months	Doy Year  19 66 R 1 YEAR IF UNDER 24 HRS Doys Hours Min.  C T ZEN OF WHAT
I within 24 ho n pencil in Itei Examiner's Off File poges ta	during most of working Te, even the red) INDUSTRY-Hasp. Lat Stone Riolge, 71, 23  13 FATHER'S NAME  HERBERT ALBERT MARSJEN ENA DAVIS	COUNTRY? ThisA.
xecuted in addical Experiment. Firmoval, or	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. gr Linknown) (If yes give war or dofes of service) 219-36-0960 Tht. 22-clan Hospital The Proposition of the Control of	nt retilan by
the should be e the word 'pei d to the Chief a bur al-transit remation, or re	18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c))  PART DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  Cond.tions, if ony, which gave rise to immediate couse (o), storing the underlying couse (c)  Storing the underlying couse (c)  (c)	NIERVAL BETWEEN ONSET AND DEATH
h s certifica ate, writing e forwarde be used os ta burial, o	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
AMINER: This is the certificate, at should be facult files ge 3 should be to gent, prior factors.	COOK OF DEATH	
AAM e the our oge	Hour o.m.  p.m.  19  Whate Not While of work o	County) (Stote)
	21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry death resulted fram Natural causes , Accident , Suicide , Hamicide , Undetermined manner (CHIEF MEDICAL EXAMINER )	, ,
TY MEDT y, please ral direct e retoine AL DIREC	SIGNATURE M. D. Caples M.D. ASSISTANT MEDICAL EXAMINER DEPOSITS AS	22. DATE SIGNED
TO DEPUTY MEDICA necessory, please extra the funeral director. 5 may be retained for FUNERAL DIRECTO Health or its design.	NAME (Type) D. J. CAPLES M. D. KEISTER STEET BY LEHRY OF CHILD STEET BY LING STE	(County) (Stote)
<b>5</b>	BUSINE 5-16-66 St. TAMES CEM. MyLADISMANOR	-BAND-Md
VR AISME (5	Frunk A Jewell Wileson & Salar 20 1966 Jeliante	Judge



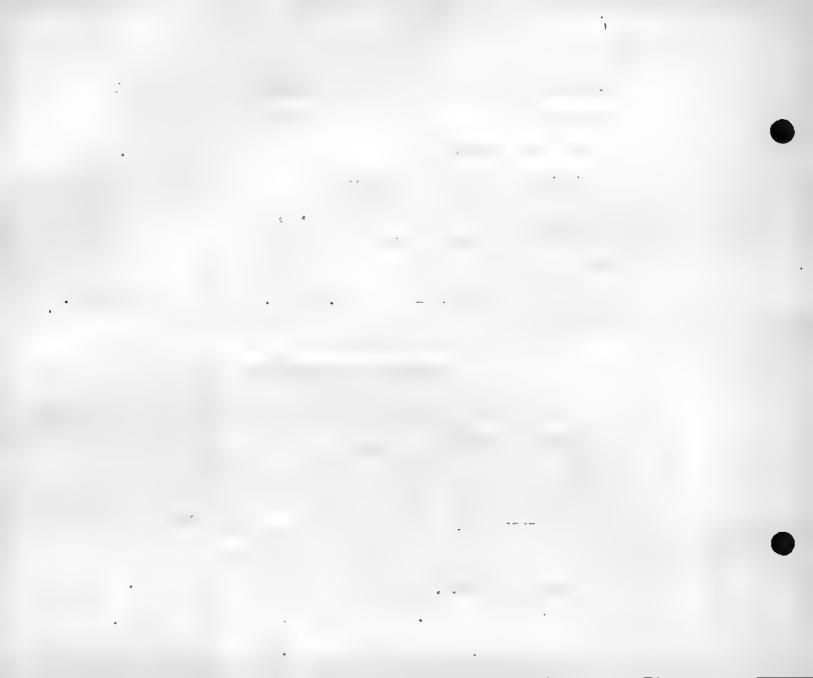
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06475 executed within 24 haurs after death pup PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admiss on completely filled in by the funeral ave carban papers Pages I and o. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND HOMARD C LENGTH OF STAY IN 16 c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 64 DAYS ELKRIDGE d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) VETERANS ADMINISTRATION HOSPITAL 5790 RACE ROAD YES NO TX 4. DATE 3. NAME OF First Middte Los Year DECEASED CLARK, SR. 1966 JESSE MAY (Type or print) DEATH IF UNDER 24 HRS. IF UNDER I YEAR 9 AGE (In years 5 SEX 8 DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED please remave lost birthdoy) Months Doys Hours WIDOWED DIVORCED NEGRO APRIL 27. MALE 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) Corp. e BERTTE CO. NO. CAROLINA
14 MOTHER 5 MAIDEN NAME MAINTENANCE HELPER II.S. A requires that the death certificate 13 FATHER'S NAME ar remayal, the attending phys ELIE CLARK ELIZA ANNE Address 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND (Yes no or unknown) (If yes give war or dates of service) CLIN. REC., VET. ADM. HOSP., FT. HOWARD, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART 1. DEATH WAS CAUSED BY WELLAND DEATH **burial-transit** CARCINOMA OF THE STOMACH WITH METASTASIS signed by DUE TO Conditions, if only, which gove (b) rise to immediate couse (o), DUE TD stating the underlying couse Page 4 may be retained by the naspiral or unenumy O FUNERAL DIRECTOR: After this certificate has been the PEREOR MED?
YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION jo 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) Hour o.m Not While March 12 21. I certify that (1) (this hospital) attended the deceased fram March 12 19 66, to May 15, 1966, that (1) (we) last saw the deceased olive an May 15, 1966, and that death accorded a M, from couses and on the date stated above. 19 66, to May 15 , 1966, that II) (we) lost saw the deceased olive an May 15, 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR STAFF PHYS **ATTENDING** 15 66 M.D. PHYS. 22d. ADDRESS 22c PHYSICIAN'S director, po should be f NAME (Type) ABDUL S. QURESHI, M.D. VET. ADM. HOSP., FT. HOWARD, MARYLAND 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, BULLAL (Specify) BALTIMORE NATIONAL CEMETERY BATITIMORE MARYTANIT 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR NUTTER DOREST HOME VR A15 (4) 20 M 1/66 3035 W. North Ava. Baltimore. Md.



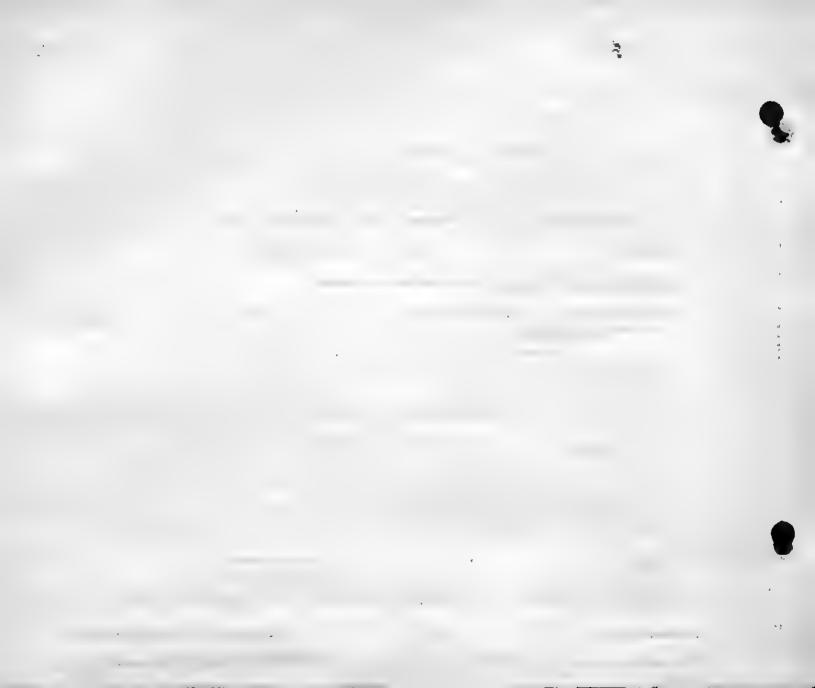
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived if institution. Residence before admission) BALLIMORE o. COUNTY o STATE MARYTAND b. COUNTY ANNE ARUNDEL MARYLAND b CfTY OR TOWN (If outside corporate limits. C LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside comparate imits, write RURAL and give nearest town) write RJRAL and a ve nearest town) 33 DAYS FORT HOWARD PASADENA d NAME OF HOSPITAL OR NSTITUT ON (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL ROCKVIEW BEACH within YES 🖂 NO F 3. NAME OF First Middle Lost 4. DATE Month Year DECEASED RICHARD CLEWS B. MAY 13 66 (Type or print) DEATH IF UNDER I YEAR S SFX 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED NEVER MARRIED birthdov) Months Hours Days MALE WHITE MARCH 5, 1920 WIDOWED DIVORCED 46 Yrs and 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working ite, even if retired) INDUSTRY COAL MINER COAL BUCKRUN, PENNSYLVANIA U.S.A. attending physic permit. Then ple ian, or remaval, a 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME JOSEPH CLEWS EISTE BOWERS 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 207 03 89 YES CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p burial, cremati PART I. DEATH WAS CAUSED BY-RECENT DEATH RESPIRATORY FAILURE IMMEDIATE CAUSE (o) DUE TO RECENT PULMONARY EDEMA AND CONGESTION Conditions, if any, which gave rise to immediate couse (a). HEPATIC COMA RECEDIT DUE TO stating the underlying couse as the has been LAENNEC'S CIRRHOSIS YEARS łost 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached for use e Dept. of Health YES X NO TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 200, ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour om. foctory, street, office bldg., etc.) Not While at work ot work 4/10/66 与/13/66, 19\_\_\_, that 本) (we) last 21. I certify that (AC(this haspital) attended the deceased fram\_ 19 TO HOSPITAL ON SEPTINED BY Page 4 may be retained by Page 4 may be ret .... ta. 5/13/66 and that death accurred at 12:15 Myram causes and an the date stated above. saw the deceased alive an\_ 22b. DATE SIGNED 22o SIGNATURI 5/13/66 PHYS DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) GEORGE C. McELFATRICK, M. D. VAH FORT HOWARD, MARYLAND director, shauld be 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION. 23b DATE THEREOF (County) (Stote) REMOVA (Specify) CENTRALIA PENNSYLVANIA ODD FELLOWS CEMETERY 5-16-66 REC'D BY REGISTRAR ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ROTHERMAL FUNERAL HO VR A15 (4) 20 M 1/66 1966 HUBBARD FUNERAL HOME MI. CARMAL, PENNSYLVANI BALTIMORE MARVIAND



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH CELTT executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) letely filled in by the funeral arbon papers. Pages I and a COUNTY b COUNTY o. STATE Baltimore event, within 72 hours after MARYLAND Maryland Cacil b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 North East Catonsville h davs d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? YES NO IX Spring Grove State Hospital House # 12 Walnut St carbon 3 NAME OF First Last 4. DATE Month Dov Year DECEASED William Paul (Type or print) Connors DEATH Mav IF UNDER 1 YEAR S. SEX 8. DATE OF BIRTH AGE IIn years IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARR ED lost birthdoy) Months Doys Hours DIVORCED or removal, and in any MIDOWED Sept. 5. 1900 11 B RTHP. ACE (County & State, or foreign country) IDa LISUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT requires that the dimith certificat be during most of working the even if retired) Transportation New York City COUNTRY? the attending physicion isit permit. Then please HSA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William Connors Mary Ann Rock 17. INFORMANT Address 2 Walnut St. North East, Md. 15. WAS DECEASED EVER IN L. S. ARMED FORCES? 16, SOCIAL SECURITY NO. Mrs. Anna M. Connors (Yes, no, or unknown) (If yes give war ar dores of service) 163-05-9907 INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUF TO signed k Conditions, if any, which gave Cerebral Artheriosclerosis rise ta immediate cause (a), DUE TO stoting the underlying cause as the prior to l Page 4 may be retained by the hospital or attending to FUNERAL DIRECTOR: After this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160) 19. WAS AUTOPSY PERFORMED? ed for use of Health Pneumonia NO y 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20g, ACCIDENT WAS JNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year Haur a.m. foctory, street, office bldg., etc.) Not While of work at wark 21. I certify that XI) (this haspital) attended the deceased from May 17, 1966, to May 22, 1966 that XI) (we) last saw the deceased alive an May 22, 1966, and that death occurred a 2:354 M, from causes and gar the date stated above. 5/22/66 22a. SIGNATURE ATTENDING STAFF PHYS. director, page 3 should be filed v DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Spring Grove State Hosp. Catonsville, Mc NAME (Type) Imre Kopits M.D. 23b DATE THEREOF 5/25/66 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23g. BURIAL CREMATION Burial Burial St. Mary Anne's Cem. North East. Md. 2Sb REGISTRAR'S SIGNATURE 2Sa REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Grant Funeral Home VR A15 (4). North East, Michael 20 M 1/68



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission Baltimore **b.** COUNTY Page Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside sorporate limits, write RURAL and give necrest town) director. write RURAL and give nearest town) YOUL Edgemere Edgemere d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d. STREET ADDRESS retained for e. IS RESIDENCE 3 to the funeral ON A FARM? 2114 Lodge Forest Drive 2114 Lodge Forest Drive State YES NO I 3. NAME OF DATE Month DECEASED the Violet (Type or print) Conrad DEATH May 8, 1966 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS may 2 wit lest birthday) Months Female Days White Hours WIDOWED DIVORCED [ 2, an 38 5 r wilhin March 18, 1897 69 yrs. 10e. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign sountry) Page 12. CITIZEN OF WHAT COUNTRYS dona during most of working life, even if retired) Medical Examiner's Office along with form PM3. Page should be used as a burial-transit result. Virginia At home U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in any Besie Towers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (If yes give wer or detes of service and Ernest R. Conrad III E. William S. Salisbury. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN or removal. ONSET AND DEATH PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which to burial, cremation, mays rise to immediate cause DUE TO (a), steting the underlying 3 should be used as PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 99. WAS AUTOPEY CERTIFICATION ate, writing the word "
the Chief Medical Ex
R: Page 3 should be u PERFORMED? YES [ NO 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. prior MEDICAL 20c. TIME OF INJURY Month Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or lown) (Sounly) (State) While Not While fedfory, street, office bldg., etc.) sase execute the certificate, should be forwarded to the FUNERAL DIRECTOR: P at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquity and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 8 **EXAMINER'S** Theodore C. Patterson NAME (Type) Address (Street, city, town, or county) please 4 shoul 10 FUN 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) REMOYAL (Specify) Burial Belair Memorial Gardens Belair, Md. 23. FUNERAL DIRECTOR **ADDRESS** 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE AISME Ullrich Funeral Home Dundalk Md.



1			MAN DIVISION OF STATISTICAL RESE	YLAND STATE DE ARCH AND RECORDS,	, 301 W. PRESTON STREET,	IN , BALTIMORE 1, MA	RYLAND
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affer nera iould	7 )		PLACE OF DEATH		2. USUAL RESIDENCE (Where deca	asad lived, If institution: Rasid	ence bafora admission)
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h thund			b, CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpora		* 200000
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s age		1	NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, giva street eddress)	d STREET ADDRESS	~	6. IS RESIDENCE ON A FARM?
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ding ding plea			Isaic Corse		Isabella Carpent	er	
he d iffen sen j al, a			WAS DECEASED EVER IN J.S. ARMED FORCES?   16.	SOCIAL SECURITY NO 17. IN		Address Co. 2	Gun Rose
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es the			18. CAUSE OF DEATH [Entar only one cause per	line for (a), (b), and (c).]			NTERVAL BETWEEN ONSET AND DEATH
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ath a stock of the		23a	BURIAL CREMATION 236. DATE THEREOF	23c. NAME OF CEMETERY OF	CREMATORY 234 LOCAT	ION (City town or county)	CIR (State)
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VR A15 (4)	The	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. RECID BY REGISTR	AR 256. REGISTRAR'S SIGN	LATURE
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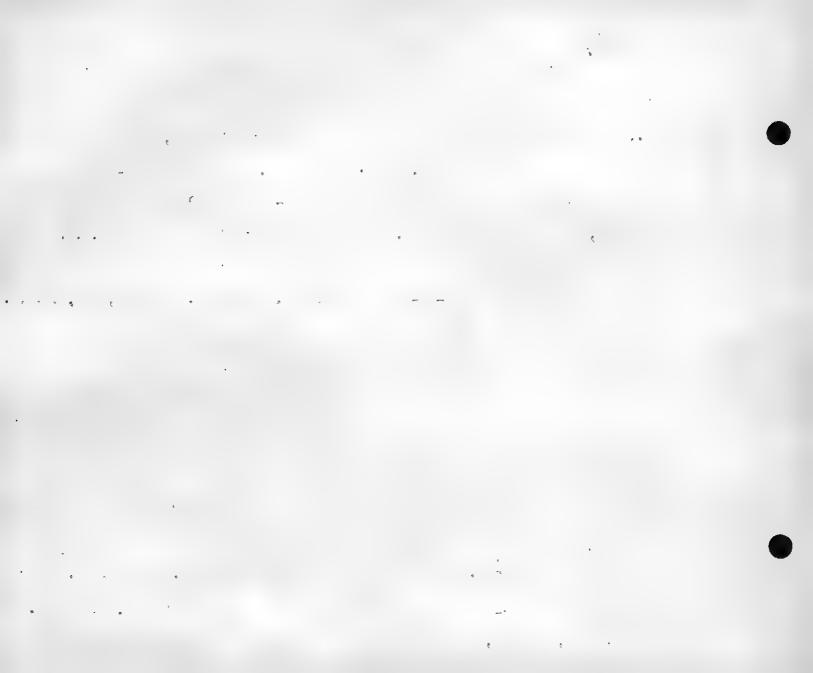
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 26480 The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) by the funerá a. COUNTY a. STATE b. COUNTY Baltimore Baltimore Maryland MARY LAND c. CITY OR TOWN (If outside corparate umits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 36 write RURAL and give nearest town)
Cockeysville Vrs. Cockevsville filled in I d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? 153 Church Lane 153 Church Lane YES NO T event, within 100 200 Middle NAME OF DATE First Last Month Day Year DECEASED 19 66 William Walter Cougle 16 May (Type or pont) DEATH SEX AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8 DATE OF BIRTH 7. MARRIED NEVER MARRIED remove 5 ast birthday) Months Days Haurs any ( White WIDOWED DIVORCED Jan. 11, 1912 Male gud 10a USI:AL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Carpenter INDUSTRY U.S.A. Cockeysville, Maryland Construction 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME Charles H. Cougle Katherine Barrett cremation, or remal 15. WAS DECEASED EVER IN J.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war ar dates of service)
216-07-5696 16 SOCIAL SECURITY NO. 17. INFORMANT Address Mr. William M. Cougle 153 Church Lane INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c),) signed by the buriol-tronsit p buriol, crematic PART I. DEATH WAS CAUSED BY CINOMA OF STAMACH IMMEDIATE CAUSE (a) 151X DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse has been the Health prior to (c) WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use NO this certificate Por 20g ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. Nat While factory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After 10/1/07 3, 1964 that (1) (24) last 21. I certify that (I) (this haspital) attended the deceased from MB7 should 3 19 66, and that death occurred at 6 A. M. fram causes and on the date stated above. saw the deceased alive on A MUTH 22b. DATE SIGNED 22a. SIGNATURE STAFF director, page 3 should be filed v M.D. DIRECTOR TO HOSPITAL (Poge 4 moy b 22d. ADDRESS 22c PHYS CIAN'S 2060 York Rd. NAME (Type) Dr. William A. Pilsbury 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL, CREMAT ON, 23b DATE THEREOF (County) (State) BRIMOVAL (Specify) Cockeysville, Maryland 5-18-66 Poplar Cemetery 2Sa REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Wm. Cook-Brooks Towson Inc. 1050 York Rd.



		CERTIFICATE	OF DEATH		6645
J.	PLACE OF DEATH		2. USUAL RESIDENCE		
1_	Baltimore	MARYLAND	e. STATE Md.	b. COU	Balt:
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	ulsida corporate limits, writ	a RURAL and giva
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Г	d. NAME OF HOSPITAL OR INSTITUTION (if not a	in hospital, give street address)	d. STREET ADDRESS	_	
^ _	Summit Nursing Home	e	117 Raspe	Avenue 76	
3	NAME OF First DECEASED	Middle	Last 4	. DATE Mont	h Day
	(Type or print) Edgar		Crebs	DEATH 5	3
5	SEX 6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR
П	Male   White   WID	OWED DIVORCED	1-21-1871	95yrs.	Months Days
	Da. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTR	Y 11 BIRTHPLACE (County	& State, or foreign country	12. CITIZEN
	Ret.	Upholstwrer	Md.		J.S
Ĩ	B. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME .	_
	Francis Crebs			Unknown	
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? Yas, no, or unkown) ((figesgivawarordalesofsarvice)		NFORMANT	Addres	\$
Ι,	(if yes give war or deles of service)		Howard atts	4517 Raspe .	Avenue "
1-	18. CAUSE OF DEATH [Enter only one cause		NT	7	
	PART I. DEATH WAS CAUSED BY:	( - Bh etal: 22	d Hytavic	SC/200 Si	510
	334 X DUE TO	100	617	061	
	Conditions, if any, which (b)	- 11/4 /tip/2	Shell	5710X es	1/18
	gave rise to immediate cause (a), stating the underlying DUE TO	111 1 1 1 1 1 1	2		- 07
	causa lasi. (c)	Chrokis	/grein	3 yh drom	٤ ١
la		CONTRIBUTING TO DEATH BUT NO	TRELATED TO THE TERMINA	L DISEASE CONDITION GI	VEN IN PART 1(a)
7 4			1	/	
NOIL V DISTAGRA	206. ACCIDENT WAS UNDERLYING 1 206	DESCRIBE HOW INJURY OCCURRE	D. (Entar natura of injury in P	art I or Part II of Hem 18.)	
-1 '					
1401020	20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Homa, fa/m,	20f. (City or lown)	(County)
127	Hour a.m.,	While Not While fact	ory, streat, office bldg., sto.)	0 6/2	1/1/2
	21. I certify that (I) (this hospital)	hended the deceased from	10/03/0	5 to 3/2	19,
	saw the deceased alive on	12.11 /-	death occurred /a/ 5/1	Dy from the causes	
	228. SIGNATURE	1	759	-11	5/
	MRC KC KL	hall	D PHYS DIR	D. ( STAFF ECTOR PHYS.   )	: /د
	22c, PHYSICIAN'S	1 The state of the	22d. ADDRESS		2//01
	NAME (Typa)	Crath Mi	5 1303 Fr	ederick 1	A Cal
2	a. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	own or county)
	REMOVAL (Specify) Burial 8-2-1966	St. Olivet Ce			C.)_ L
2	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR   256. RI	
1	on some how turn on & Hon	- 74x1Bilan &	want TOTHAL	3 1000 00	Carla.
P N					



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral PLACE OF GEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE Maryland Baltimore b. COUNTY Baltimore MARYLAND b. CITY DR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pag Duncia Lk hours 6 months Dundalk .= filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS hin 72 I e. IS RESIDENCE ON A FARM? Dunbrook Court Res. 7304 7304 Dumbrook Court. 21222 NO POR within letely ī carbon 3. NAME OF DECEASED First Middle Last DATE Month 4. Oay OF CULLISON. CURTIS E. event. (Type or print) SR. 22-66 сошр Mav 19 5. SEX 6. COLOR OR RACE | 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR HFUNDER 24 HRS 9. 30 st birthday) Months i any Maile White July 31- 1895 WIDOWEO [ DIVORCED [ 1Da, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even it retired)
Retired Martin Co. COUNTRY? Pennsylvania U.S.A. certificati 13. FATHER'S NAME removal. 14. MOTHER'S MAJOEN NAME attending F William Cullison Julia Trego 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 10 death (Yes, no, or unkown) (If yes give war or dates of service) 76-05-0887 Wife. Mrs. Frances A. Cullison. # 2, a, b, c, d No 18. CAUSE OF DEATH [Enter only one cause per life for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed burial-t burial, DUE TO Cenditions, If any, which peen gave rise to immediate 語も **DUE TO** cause (a), stating the Drior underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO WAS AUTOPSY for use Health PERFORMEO? certificate NO YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) Po detacher MEDICAL 20c. TIME DF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) should be factory, street, office bldg., etc.) Hour a.m. While Not While at work n.m. at work DIRECTOR: / age 3 should filed with the 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last and that death occurred at 435M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENOING MED. DIRECTOR \_ PHYS. May 23-1966 M.D. TO FUNERAL PHYSICIAN'S director, p should be 1 **AOORESS** F. NAME (Type) Eugene Nevy Mornington Rd. Dundalk. Md. 21222 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City, town or county) (State) (Specify) 25-1966 Trumps Mill Rd. Balto. Md. Ma.v Gardens of Faith 25a. REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ACORESS JOHN J. DUDA, Dundalk, Maryland 21222 VR A15



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 36483 FOR STATE HEALTH DEPT: PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o COUNTY Baltimore 2, and 3 to PM3. Page o. STATE **b** COUNTY MARYLAND Maryland Baltimore delay b CITY OR TOWN (1 outs de corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside carporate imits write RURAL and give negrest town) C LENGTH OF STAY IN 16 Departme after Phoenix d NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? farm hours State Dulaney Valley Road 5 Glenn Brook Driver Item 18. Give Pages YES 🗌 NO F haurs after death alang with 3 NAME OF Lost DATE Month Dov Year within 72 DECEASED OF (Type or print) PATRICK E. DAILEY 8 1966 DEATH ₩Iħ S SEX FUNDER 24 HRS 9 AGE ( n years YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH IF UNDER birthdoyl Manths Doys Hours Ma1e White WIDOWED DIVORCED event 10n USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** 24 in any pages BALTIMORE,

14. MOTHER'S MAIDEN NAME d "pending" in pentil in Chief Medical Examiner's  $S_{TUDENT}$ NST TRCH OF 13 FATHER'S NAME be executed within 0 gud ESTELLE YELTON IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) remayal. RRANK A. DAILEY GLENBROOK RD IB CAUSE OF DEATH (Enter on y one couse per line for (o) (b), and (c) PART I DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET AND DEATH crematian, or Multiple traumatic injuries with fracture of IMMEDIATE CAUSE (o) This certificate shauld e, writing the ward farwarded to the Ch XXXXXX neck Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse lost burial PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFOR MED' the certificate, 0 20o EXTERNAL CAUSE WAS HOW INJURY OCCURRED (Enter nature of injury in Port or Port II of Item 18) Passenger in auto agent, priar shauld PRIMARY TO OF CONTRIBUTING EXAMINER: left. turn from Dulaney Valley Rd. onto Fox Chapel making CAUSE OF DEATH 20e PLACE OF NJURY (Home form, 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or fown) (County) Dri (Meta) While foctory street, office bidg , etc.) Not White may be retained for your FUNERAL DIRECTOR: Page 11:40 È. Baltimore Md. 1966 ot work of work Road please execute designated 21. I certify that I taok charge of the remains described above, held an Autopsy Inspect on X and in my apinian Inquiry , O DEPUTY MEDICAL death resulted from Accident X Suicide Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE he funeral 10 DEPUTY MEDICAL EXAMINER 5-9-66 **EXAMINER'S** RUSSELL S'. FISHER, M.D. 5 may TO FUNE Health NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) TIMONIUM DULANEY MEMO GARDENS 256 REGISTRAR'S S GNATURE 250 REC D BY REGISTRAR FUNERAL DIRECTOR 24 ocharles

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1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR STATE.	06484 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	79
HEALTH DEPT.	1. PLACE OF DEATH  a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before	admission)
\$75 9 # d	Balto. MARYLAND 8. STATE Md. D. COUNTY Balto.	
the funeral e 5 may be Department after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give near write RURAL and representation)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give near write RURAL and give near limits, write RURAL and give near limits.	est town)
he free	AOCKG8.1e	ESIDENCE
3 to the Page of the Digital Annual A	Forest Haven Nursing Home	FARM7
delay and 3 to not 3 to sage. State hours	" 3518 St. James Road YES	NO X
M3 A	(Type or print) Katharine P. Damm DEATH 23, 19	11
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   Funder 1 Year   IF under	ER 24 HRS.
age of the control of	Female White WIDOWED N DIVORCED July 16.1890 75 yrs.	
er dea ive Pa with with 1 and event	10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHI	AT
ours afte n 18. Gi s along pages 1 in any e	Housewife None Balto Co: Md U.S.A.	
ours e all pag	George Stierhoff Emma Bunn	
24 ho 1 tem Office and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address Randallst. (Yes, no. or unknown) ((If yes give war or dates of service)	oum N
hin cillir rrs nit. ovat,	(Yes, no No unkown) (If yes give war or dates of service)  Mr. H. Lurman Damm 3712 Lanamer Road	, , , , , , , , , , , , , , , , , , ,
within 2 pencil in miner's permit permit removal.	18. CAUSE OF DEATH [Enter only one cause per line for (a) (b) and (c).]	ETWEEN DEATH
Exa Exa Insit	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Condeas Louise UNSET AND	
EXAMINER. This certificate should be executed within 24 hours after death. If he certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files. Toge 3 should be used as a burial-transit permit. File pages 1 and 2 with lesignated agent, prior to burial, cremation, or removal, and in any event	Conditions, If any, which I Westerman Cardio The Market	10-
Med Med Duria	gave rise to immediate cause (a), stating the DUE TO	
nould bid hief s a s	underlying cause last. (c) UCCldent Fractice ugst ferries	
ficate sho the wor o the Chi used as to burial,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT SELATED TO THE TERMINAL DISEASE CONDITIONS EVEN IN PART 1(a) 19. WAS A PERFO	AUTOPSY DRMED?
infica to the the tro	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CLATED TO THE TERMINAL DISEASE CONDITIONS IVEN IN PART 1(a)  19. WAS PERFORM YES  20a. EXTERNAL CAUSE WAS PRIMARYIS OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Pert 11 or Item 18.) CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year PHOUR 8.m.	NO Z
CR. This certificate, writing forwarded to 3 should be agent, prior i	20a. EXTERNAL CAUSE WAS PRIMARY DE CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert I of Item 18.) EX CAUSE OF DEATH.	m
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age 1 age	Hour a.m. 4-6 1966 at work at work at work at work at work	he
the certific the certific 4 should be if files. CTOR: Page designated	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, inquiry, and in my	y opinion
the ce should should the ce should should the ce story the ce	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
ute the your like of its of	ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 7/22. DATE	PSIGNED
ry MEDIA execute Page I for you tal DIRE	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 2470 Washington Deputy Medical Examiner	
DEPUTY MEDIUM EXAMPLE EXPENSE execute the corrector. Page 4 survivillation of the corrector	EXAMINER'S Dr. Geo. S.M. Kieffer Blvd.  Address (Street, city, town, or county) of Cell Co.	2
O DEPUTY please of director. retained O FUNER	REMOVAL (Specify)	(State)
Page 5	REMOVAL (Specify) Burial 5/26/66 Mt. Olive Cemetery Randallston Md. 24. FUNERAL DIRECTOR ADDRESS 1254, RECISTRAR'S SIGNATURE	
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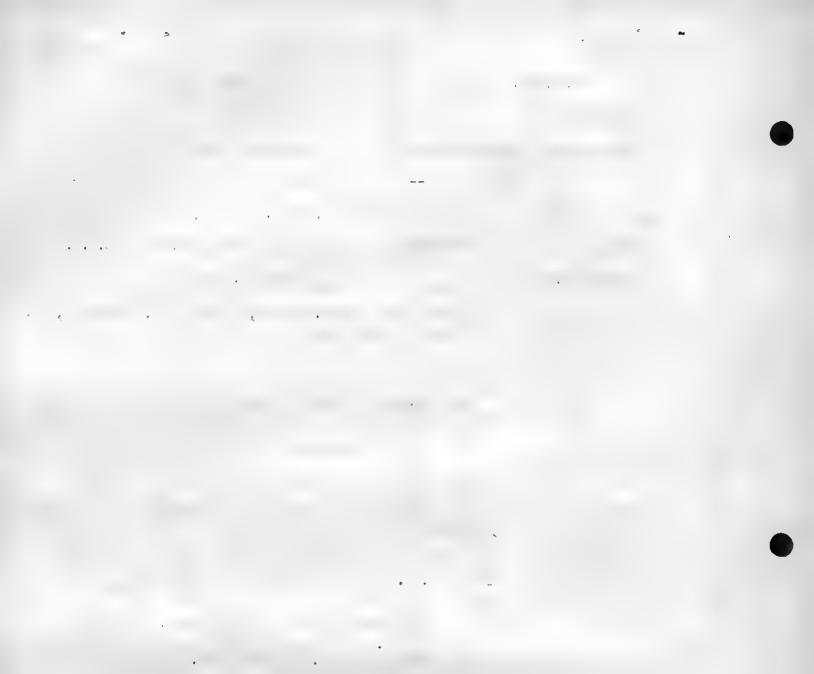
	1 💥	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
£	₩ N €	66485 CERTIFICATE OF DEATH 66480
after death	Mega g	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission)
ie	~ Z ~	Baltimore County MARYLAND MARYLAND MARYLAND MARYLAND
af a	by the	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Tool	s. Page hours	Mount Wilson only Baltimore Baltimore
24 hours	etely filled i bon papers. within 72 h	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	SEE TO SE	Mount Wilson State Hospital   & Lincoln By Yes No   No   NaMe OF   First   Middle   Last   14. DATE   Month   Day Year
execute within	n and completely remove carbon in any event, with	3. NAME OF DECEASED (Type or print) Sany (1) Day 1 PLANT DEATH DEATH DEATH DEATH TO THE DEATH TO THE DEATH D
(L) -0,-	comple ve carl event,	5. SEX   6. COLOR OR RACE   7. MARRIED     8. DATE OF BIRTH   9. AGE (IN years MFUNDER 1 YEAR IF UNDER 24 HRS.
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ES	ding ph Then removal	13. FATHER'S MAIDEN NAME
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at a	the attending prit permit. Then sation, or remove	(Yes, no, or unknown) (If yes give war or dates of service)
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mquirms that the death curtificatm	e la la	PART I. DEATH WAS CAUSED BY: Far action cod kuling mary tuber culos; onset and DEATH
E al	signed urial-tra urial, cı	1 DUE TO 22 480
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30 E	the b	cause (a), stating the DUE TO
3¥ Ha	has as prio	Underlying cause last. ) (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
The	ate use alth	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO 10  20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	certificate ted for usi	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1 of Item 18.)
HYSICIA Pe hosni		20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
HYS he	the Company	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County) (State)   20f. (City or town)   (County)   (State)   20f. (City or town)   2
불	After d be c	P.m. 19   At work   I   I   At work   I   I   I   I   I   I   I   I   I
	R: A	21. I certify that (I) (this hospital) attended the deceased from 5.7, 1965, to 5.3, 1966, that (I) (we) last
MITE	15 de	saw the deceased alive on 5. 3 19.66, and that death occurred at 6.46 from the causes and on the date stated above
# 2	DIRECTOR:	ATTENDING MED. STAFF 5 3 66
TAL	AL Date	22C. PHYSICIAN'S
		Wm. Newcomer, M.D., Superintendent Mount Wilson, Maryland
O MOS	O FUNE directo should	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
_	10	REMOVAL (Specify) 5/7/66 West telesty (matter / conference signature)  24. FineBAL DIRECTOR ADDRESS PAR 1250, REGISTRAR'S SIGNATURE
VP.	AIS (4) (7)	de let & Metter - 2030 W West On Fred MAY 9 1966 Charles Judge
20/		THE DATE OF THE DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 06486 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, f institution. Residence before admission o. COUNTY 2, and 3 to PM3. Page o. STATE Mary land Baltimere sportment of after deoth. Baltimore MARYLAND b CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 Baltimore Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RES DENCE ON A FARM? hours Office along with form ST. JOSEPH'S HOSPITAL 1261 E. Belvedere Avenue Give Pages ote YES NO be executed within 24 hours ofter death 3. NAME OF with the Sto |within 72 } Middle 4 DATE Year DECEASED 0F DARMODY (Type or print) WALTER C. DEATH 5 14 19 66 S SEX 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED 8. DATE OF B RTH NEVER MARRIED in Item 18. lost birthday) Months Dovs Male White WIDOWED DIVORCED Nov. 4, 1894 100 USUAL OCCUPATION (Give kind of work done 12 C TIZEN OF WHAT 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) **INDUSTRY** COUNTRY? Chief Medical Examiner's U.S.A Retired
13. FATHER'S NAME Ohio pencil 14. MOTHER'S MAIDEN NAME puo Edward Darmody Josephine O'Donnell 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address pending" or removal, (Yes, no, or unknown) [If yes give wor or dates of service] Mrs. Teresa C. Darmody Same 18. CAUSE OF DEATH (Enter on y one couse per line for (a), (b) and (c).) NTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Multiple traumatic injuries IMMEDIATE (AUSE (o) This certificate should s o buriol-tro cremation, cote, writing the word be forwarded to the Cl DUE TO Conditions, if only, which gove rise to immediate cause (a). DUE TO stating the underlying couse used as bur al, c PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS PERFORMED? YES X 200 EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part il of item 18) Pedestrian struck ogent, prior should PRIMARY For CONTRIBUTING CAUSE OF DEATH by auto on Belvedere Ave., 88' W. of Woodmount Avenue 20c TIME DE INJURY Month, Doy, Year 9:30 5-11 20d INJURY OCCURRED 1 20e PLACE OF INJURY (Home form (City or town) (County) (Stote) factory, street, office bldg , etc.)
Street may be retained for your FUNERAL DIRECTOR: Poge 1966 Not While of work ot work Baltimore\_ Md. Baltimore 21. I certify that I taak charge of the remains described above, held an Autopsy XI, inspection . Inquiry and in my ap nian Natural causes Suicide . death resulted from Accident X i. Undetermined manner Hamic de CHIEF MEDICAL EXAMINER [X] ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 5 may be TO FUNERAL Health or i DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5-16-66 RUSSELL S. FISHER, M.D. Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BUR AL, CREMAT ON, REMOVAL (Specify) Burial New Cathedral Cemetery Baltimore, Md. 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE 1966 VR A15ME (5) Leonard J. Ruck. Inc. Balto. Md. 21214 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 96487 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) campietely filled in by the funeral nave carban papers. Pages 1 and PLACE OF DEATH o. COUNTY o. STATE **L COUNTY** BALTIMORE MARYTAND MARYLAND b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 11 DAYS FORT HOWARD BAINTMORE d NAME OF HOSPITAL OR INSTITUTION (if not in haspita), give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? within / 903 SUNSET STREET NO HOSPITAL YES 🗀 VETERANS ADMINISTRATION 3 NAME OF Middle Last DATE Month Doy Year DECEASED 1966 DAVIS MAY MALLITW (Type or orint) DEATH S. SEX 6 COLOR OR RACE B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** birthdoy) Doys Hours 1888 MARCH 29. MALE NEGRO WIDOWED DIVORCED physician and c On USUAL OCCUPATION (Give kind of work done 11 RIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT 10b KIND OF BUSINESS OR COLNTRY? lease ond in during most of working ife, even if retired) CONSTRUCTION ALVILLE, SOUTH CAROLINA U.S.A. the attending physic nsit permit. Then ple smatian, ar remaval, g 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME MENACE DAVIS ANGIE MN: UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) ((If yes give wor or dates of service) 219 01 52 41 CLIN. RECORDS. VA HOSPITAL FT HOWARD MD YES WW I CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) INTERVAL BETWEEN burial-transit PART ! DEATH WAS CAUSED BY CARDIAC INSUFFICIENCY IMMEDIATE CAUSE (o) signed by 4200 DUE TO Conditions, if any, which gave nse to immediate couse (o), DUE TO stoting the underlying couse has been the ARTERIOSCIEROTIC HEART DISEASE UNKNOWN 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION YES | NO. TO FUNERAL DIRECTOR: After this certificate the haspital or fa 20g. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) TIME OF INJURY Month, Day, Year Hour o.m. 20d INJURY OCCURRED foctory, street, office bldg., etc.) Not While ot work of work 5/14/66 105/25/00 19\_\_\_\_, that the (we) last 21. I certify that (Ibethis haspital) attended the deceased from shauld and that death accurred 2:25A M, from causes and an the date stated above. 25/66 saw the deceased alive an. 22b DATE SIGNED 22g SIGNATURE ATTENDING 5/25/66 M.D. PHYS DIRECTOR PHYS. 22d ADDRESS 22c PHYSICIAN S NEILON NEILSON, M. D. directar, po shauld be f NAME (Type VAH FORT HOWARD, MARYLAND 230. BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) BALTIMORE NATIONAL BALTIMORE. MARYLAND 25b. REGISTEAR S SIGNATURE WILSON FUNERAL HOME 7 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 X 2004 Orleans St. Belling



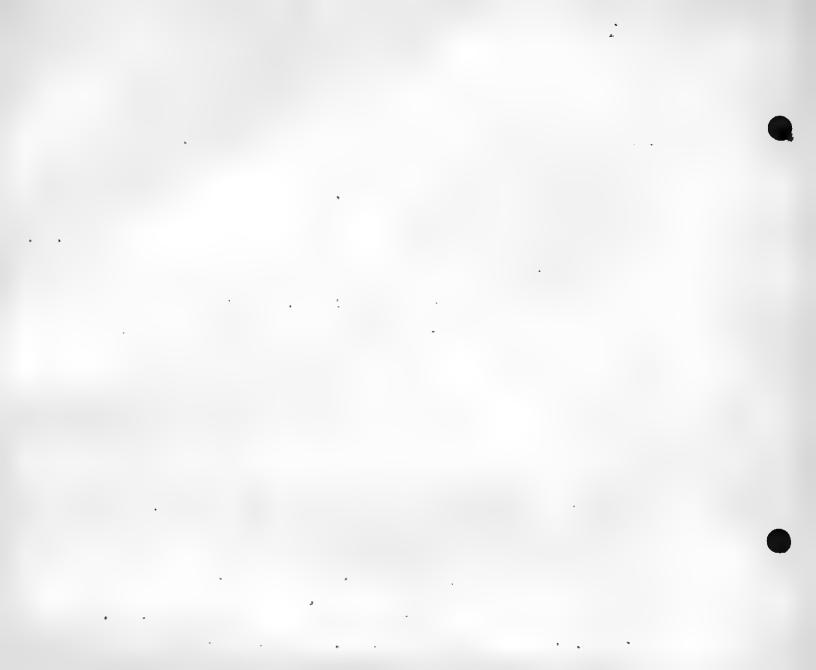
1.	Item 21 Film G379 7/26/6 MARYLAND STATE DEPARTMENT OF HEALTH	
$\tau = 1 (M)$	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	06488 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
/ HEALTH DEPT.	PLACE OF DEATH  o. COUNTY  2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admost County)  o. STATE  b. COUNTY	rission)
2), and 3 to PM3. Page. partment af after death.	Baltimore MARYLAND Maryland Baltimore	
2, and 3 to PM3. Page partment after gfter death	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)	п)
P. art	Baltimore Perry Hall	1
Dep s	d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street oddress)  d. STREET ADDRESS  e IS 7 ON	RESIDENCE A FARM?
Heath If Cry delay Pages 1, 2, and 3 with farm PM3. Pages 5 state Department 72 haurs after deat	St. Joseph's Hospital 156 Forge Road YES	
Page vith with 72	3 NAME OF First Middle Lost 4 DATE Month Doy OF	Year
after de Give alang v	(Type or print) IRMA SEGILIA DAWSON DEATH 5 15	19 66
MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If a please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, I director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm retained for your files.  • DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and Partition State De its designated agent, prior to burial, cremation, or remayal, and in any even with the state De its designated agent, prior to burial, cremation, or remayal, and in any even with the state De its designated agent, prior to burial, cremation, or remayal, and in any even with the state De its designated agent, prior to burial, cremation, or remayal, and in any even with the state De its designated agent, prior to burial, cremation, or remayal, and in any even with the state De its designated agent, prior to burial, cremation, or remayal, and in any even with the state De its designated agent, prior to burial, cremation, or remayal, and in any even with the state De its designated agent, prior to burial, cremation, or remayal, and in any even with the state De its designated agent, prior to burial.	Remails (Market Doys Ho	NDER 24 HRS urs Min
hours Item 1 Office and 2	Female White WIDOWED DIVORCED 5-LL-L924 42 yrs 100. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHA	AT.
hin 24 hou ncil in Item niner's Offic pages Iand in any ever		S.A.
thin 24 nincil in I niner's ( pages I in any	13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME	U.A.
/ithi penc amir amir d in	Theodore Bissell Carey Appel	
d with in per Exam	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address	
cute Jig dical dical rmit	(Yes, no, or unknown) (If yes give wor or dates of service) 212-16-1864 arry A. Dawson 156 Forge Road 2113	28
cerificate shauld be executed writing the word "pending" is awarded to the Chief Medical used as a burial-transit permit. burial, cremation, or removal,	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),)  INTERVAL	BETWEEN
"pe "pe hief ansid	PART I DEATH WAS CAUSED BY ONSET AN IMMEDIATE CAUSE (0) Crushing injuries of chest	ND DEATH
ord ford all tr	783 X DUE TO	
sha a th suric	Canditions, if any, which gave (b) (b)	
ate g th sd t	stating the underlying couse DUE TO	
his certifica ate, writing ee farwarde. be used as to burial, c		ALITOPSV
orw arw	PREF	AUTOPSY ORMED?
AMINER: This the certificate of	PERE YES   200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING   Rain Over by car	J NO
NER: T certifica hould be iles. should It, priar	PRIMARY Tor CONTRIBUTING TO Run over by car	
short files ant,	3 20c TIME OF INJURY Month, Day, Year 20d NJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County)	(Stote)
AM e th aur aur age	4:15 pm. 5 15 19 66 While of work of w	Md.
Pag Pag R: Py ted		my opiniar
ex e	death resulted fram: Notural causes , Accident //, Suicide , Hamicide , Undetermined manner	, ,
asse irrect aine des des	ACTUAL CHIEF MEDICAL EXAMINER X	
Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	SIGNATURE (0.400) USEC M.D. ASSISTANT MEDICAL EXAMINER []	ATE SIGNED
ro DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far your of FUNERAL DIRECTOR: Page Health ar its designated age	EXAMINER'S  NAME (Type)  RUSSELL S'. FISHER, M.D.  DEPUTY MEDICAL EXAMINER   5-1  Address (Street, city, town, or county)	.6-66
ma ma	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(State)
5 c ± 2 D H	REMOVAL FESTIVI 5-19-1966 Gardens of Fiath Cemetery Baltimore Co	•
0	24 FUNERAL DIRECTOR ADDRESS (36) 250 REC'D BY REGISTRAR 256 REGISTRAR'S S.GNATURE	'a 9-
VR A15ME (500)	Lassahntunung Home 740, Belan Rond DAY 19 1966 feliantes Jud	

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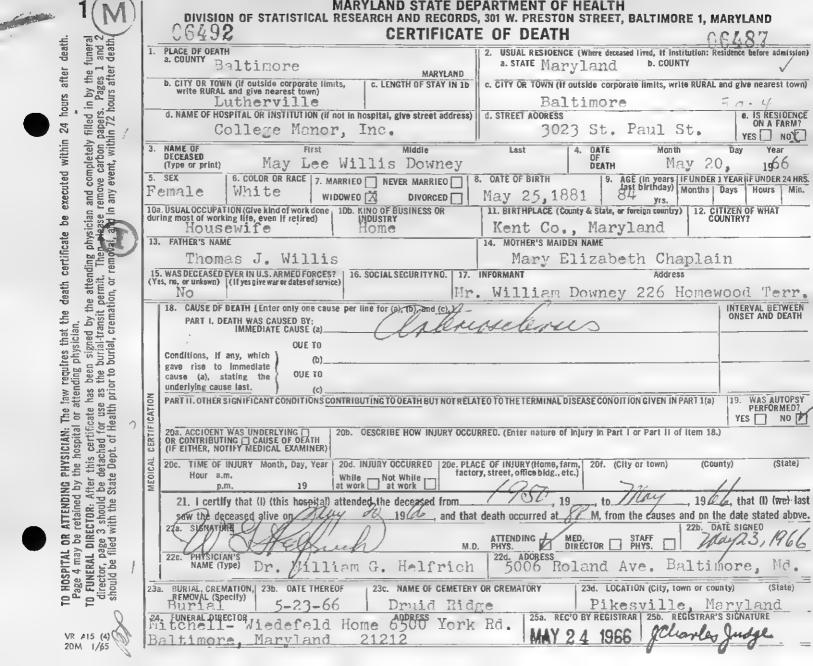
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06489 death. 24 hours after death the ottending physical and completely filled in by the funeral sit permit. Then please remove corban papers. Pages I and notion, as removal, and in any event, within 72 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 6 COUNTY Ball timore o COJNTY Baltimore Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) 5dys Sparrows Point Catonsville d STREET ADDRESS d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? GROVE HOSPITAL 1126 "H" Street NO 3 SPRING STATE YES executed within 3. NAME OF Middle Losi 4 DATE Month Doy Year DECEASED (Type or print) 15 66 De Arment Rov DEATH May 19 George 9. AGE ( n years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH NEVER MARRIED rindoy) Months Dovs Hours Jan. 20, 1887 WIDOWED DIVORCED male white 10o USUAL OCCUPAT ON (Give kind of work done 106 KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT requires that the death certificare be during most of working life, even if retired) U. S. Bethlehem Steel Co. Penna. retired 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Griffith Ida Anthony De Arment IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no. or unknown) (If yes give wor or dotes of service) 213-07-5199 HOSPITAL Records: SPRING GROVE STATE 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ) INTERVAL BETWEEN burial-transit p PART I DEATH WAS CAUSED BY ONSET AND DEATH Acute myocardial infarction IMMEDIATE CAUSE (o) signed by by the hospitol or attending physician. DUE TO Conditions, if ony, which gove (b) Arteriosclerotic heart disease rise to immediate couse (a), DUE TO stoting the underlying couse hos been as the (c) Advanced, generalized arteriosclerosis WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 140 for use of Health p CERTIFICATION YES 🔼 NO O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy Year Hour a.m. foctory, street, office bldg., etc.) at work 19 66, and that deoth occurred al 15, 19 6(4hat N) (we) last 21. I certify that (4) (this haspital) attended the deceased fram. :485 ta May O HOSPITAL OR ATTEND Page 4 moy be retoined shauld director, page 3 shauld should be filed with the saw the deceased olive an May 15 M, from causes and on the date stated above. 22b. DATE SIGNED 22n SIGNATURE Stella ATTENDING 5-16-66 M.D PHYS. PHYS SPRING GROVE STATE HOSPITAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Stella Wachsler. M.D. Raltimore Maryland 21228 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) ewistown, Mifflin Co. Penna. BENOVAL (Specify) May 18-1966 Mt. Rock Cemetery JOHN J. DUDA, Dundalk, Maryland 21222 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4)

1 5	_	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOI	RE 1, MARYLAND
= -80/=	10.00	05490 CERTIFICATE OF DEATH	0.07.95
after death.  y the funeral ges 1 and 2 after death.	3 W 14	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If inst a. COUNTY	itution: Residence before admission)
e fu		Baltimore Maryland Baryland b. count	1A
s after by the 1 Pages 1 Irs after		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENCTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	te RURAL and give nearest town)
5 - 5		Baltimore 21234	. /
24 hours filled in by apers. Pa	ŀ	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
- 0.=	4	St. Joseph Hospital 7914 Hillendale Rd.	YES NO
cuted within 24 hou completely filled in ove carbon papers.		NAME OF First Middle Last 4. DATE Month DECEASED	•
d v car car ent,	j	(type or print) Napoleon Disterano DEATH May	6, 1966
that the death certificate be executed within sician. Sician and completely gred by the attending physician and completely altransit mermit. Then bless penove carbon pal, cremation, or removal, and any event, within		last birthday)	MONTHS   Days   Hours   Min.
executand and employed		713.	1 12. CITIZEN OF WHAT
a per series		ing most of working life, even if retired) INDUSTRY	COUNTRY?
physicate val.		Toolmaker Martin Co. Italy FATHER'S NAME 14. MOTHER'S MAIDEN NAME	U. S. A.
certifica Iding ph Then remova			
ath certi attending rmit. Th		WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	S
at the death can. I have a termined by the attermanit mermit.		s, mo, or unkown) (If yes give war or detes of service) 212-03-4086 Ida A. DiStefano (As	Above)
the atio		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
hat the cian. Hed by letansi		PART I. DEATH WAS CAUSED BY: Carcinoma of liver with widespread metastas	ONSET AND DEATH
s that ysician igned l ial-tral		15 6 / DUE TO	
fres to physi sign burial burial		Cenditions, if any, which (b)	
aw requires ttending phy has been sig as the buri prior to buri		gave rise to immediate cause (a), stating the DUE TO	
aw re ttendir has be as th		underlying cause last. ) (c)	DISTRICT NAME ALL YOURS
t: The la al or atl ificate h for use Health p		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE YERMINAL DISEASE CONDITION CIVEN IN F	PERFORMED?
it The	1	20a. ACCIDENT WAS UNDERLYING []   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of	YES NO
PHYSICIAN: The law requires that the hospital or attending physician. this certificate has been signed by detached for use as the burial-train e Dept. of Health prior to burial, cre	1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	item tor)
this tetach		20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town)	(County) (State)
		Hour a.m. While Not While factory, street, office bidg., etc.)	
OR ATTENDING F be retained by t JIRECTOR: After ge 3 should be of		21. I certify that (!) (this hospital) attended the deceased from May 5. 1966, to May 6.	
TEND tained 10R: # hould hould		saw the deceased alive on May 6, 19 66, and that death occurred a 2.25 M, from the causes	
OR ATTENE y be retaine DIRECTOR: age 3 should		22a. SIGNATURE	22b. DATE SICNED
			May 6, 1966
HOSPITAL age 4 may FUNERAL rector, pag	- /	22c. PHYSICIAN'S NAME (Type) Theodulo J. Paglinauan, M.D. 7620 York Rd., Baltimor	e. Md. 21204
O HOSPITAL Page 4 may O FUNERAL director, pa		BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, to	and the same of th
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		REMOVAL (Specify)	Md.
	0	FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. RE	
VR #15 (4)	4	aymond C. Fink Glen Burnie, Md.   DATE MAY 10 1966	Mister Judge



	PLACE OF DEAT a. COUNTY	LH	Bal <b>ti</b>	more		MARYLAND	2. USUAL e. STATE		ce (Where o	deceased lived, to b. COL		time	ore
	b. CITY OR TOWN write RURAL er	(if outsid	e corporele	limits,	E. LENG	GTH OF STAY IN 1				porata limits, wr	ite RURAL and	give n	earast to
	Gold	len R	ing			Life	F	lden F	ling				, j
	d. NAME OF HOSE					e street eddress)		ADDRESS					4. IS F
		140		n_Rang	g Road		34	40 Gol		ing Road	d &		YES [
	NAME OF DECEASED (Type or print)		Ed	<sub>First</sub> ward		Middle	Dohle:		4. DATE OF DEAT	Mor	oth 5	19	Y•
5.	sex Male		ite		RIED 🔀 NEV	VER MARRIED DIVORCED	8. DATE OF BIR	тн 6 <b>–1</b> 902		9. AGE (In year lest birthdey) 63 yrs.		/EAR	IF UNDI Hours
10a	. USUAL OCCUPA	TION (GI	ve kind of	work 10b		USINESS OR INDUS			or foreign so		12. CITI	EN OF	WHAT
G0	na during most of w	orking lil etake			Zion Ch	hurch	Balt	o. Co.	Mary	Land		S.A	
13.	FATHER'S NAME						14. MOTHER						
		L	ouis	Dohler	9				Ma	ry Hilm	er		
	WAS DECEASED E				16. SOCIAL		INFORMANT			Addre			
	No 18. CAUSE OF				46		rs Cath	erine	Dohle	r 711.0 (	Golden	Kin,	g R
	Conditions, if on gave rise to Immed	y, whic		(b)	A	014		(	<u>J</u>		***		
Z.C	Conditions, if engave rise to Immae (a), stating the cause last.	y, whic diate caus underlyin	h B DUE	(b) TO (c)	A	CI+1	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION G	IVEN IN PART	I(a)   19	. WAS
FICATION	Conditions, if engave rise to Immed (a), steting the cause leef.  PART II, OTHI	y, which disto cause underlying the SIGNIF	DUE	(b) TO (c) NDITIONS C							IVEN IN PART		. WAS
L CERTIFICATION	Conditions, if engave rise to Immed (a), steting the cause leef.  PART II, OTHI  20a, EXTERNAL C PRIMARY  or C CAUSE OF DEATH	y, which disto cause underlying the ER SIGNIF CAUSE WOONTRIBU	DUE	(b) 10 (c) NDITIONS C	SCRIBE HOW	INJURY OCCURRE	D. (Enter neture o	f Injury In P	ert i or Part i	1 of item 18.)	IVEN IN PART		PERF
- 1	Conditions, it en gave rise to Immed (a), steting the cause leef.  PART II, OTHI  20a. EXTERNAL C PRIMARY   or C	y, which disto cause underlying the ER SIGNIF CAUSE WOONTRIBU	DUE	(b) TO (c) NDITIONS C	od, INJURY O	CCURRED 200. P		f Injury in F	ent i or Part i	1 of item 18.)	(Coun	YI	PERI
MEDICAL CERTIFICATION	Conditions, it en gave rise to Imme.  (e), stelling the cause last.  PART II, OTHI  20a. EXTERNAL C PRIMARY or C CAUSE OF DEATH  20c. TIME OF INJ  Hour e.m.	y, which you will be seen the significant of the si	DUE  ICANT CO  AS TING   Wonth, Dey	(b) TO (c) NDITIONS C 20b, DES	SCRIBE HOW  Id. INJURY O  hile Not work at	INJURY OCCURRE	D. (Enter neture o	Home, ferm	ent i or Part i	of item 18.)  To style	(Coun	YI YI	PER [
- 1	Conditions, it en gave rise to Imme.  (e), stelling the cause last.  PART II, OTHI  20a. EXTERNAL C PRIMARY or C CAUSE OF DEATH  20c. TIME OF INJ  Hour e.m.	y, white y, white y, white your distribution of the young that I to that I to	DUE	(b) TO (c) NDITIONS C 20b, DES	od. INJURY O	CCURRED 200. P While work A scribed above,	LACE OF INJURY selory, street, office held an Autop	Home, ferm	20f. (CI	l of item 18.)  by or town)	(Coun	YI YI	PER
- 1	Conditions, if engave rise to Immed (a), steting the cause last.  PART II, OTHI  20a. EXTERNAL C PRIMARY or C CAUSE OF DEATH  20c. TIME OF INJ Hour e.m.	y, white y, white y, white your distribution of the young that I to that I to	DUE	(b) TO (c) NDITIONS C	od. INJURY O	CCURRED 200. P While work A scribed above,	LACE OF INJURY sclory, street, office held an Autopicide .	Home, ferme bldg., etc.	20f. (CI	of item 18.)  y or town)  Logical industry indetermined	(Coun	YI YI	PER [
- 1	Conditions, it en gave rise to Immed (e), stelling the cause leef.  PART II, OTHI  20e. EXTERNAL CPRIMARY or CCAUSE OF DEATH 20e. TIME OF INJ Hour e.m.  21. I certify the death resulted	y, white y, white y, white your distribution of the young that I to that I to	DUE	(b) TO (c) NDITIONS C	od. INJURY O	CCURRED 200. P While work A scribed above,	LACE OF INJURY sclory, street, office held an Autopicide CHIEF	Home, ferme bldg., etc.	Inspection	of item 18.)  To fown)  To fown  Inquiring the second of t	(Coun	YI YI	PERI
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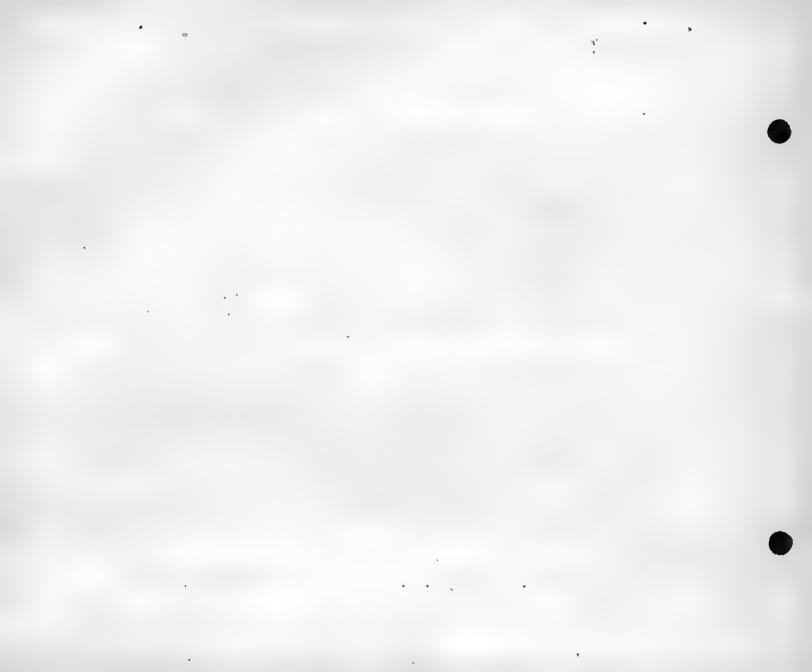


En.	1 .	MARYLAND STATE Division of STATISTICAL RESEARCH AND RECORDS, 3	DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE, MARYLAI	ND 21201
	- CA	CEA93 CERTIFICAT	TE OF DEATH	06488
	funeral 1 and 1 and 1 ter death	PLACE OF DEATH  O. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution o STATE b. COUNTY	
	ffer e fur es 1	BALTIMORE MARYLAND b CHY OR TOWN (If guisside corporate smits.   C. LENGTH OF STAY IN 1b	MARYLAND  C CITY OR TOWN (If outside corporate limits, write RURAL	BALTIMORE
	haurs after by the fur s. Pages 1 hours after	b CITY OR TOWN (If autside carparate smits, write RURAL and give nearest town)  BALTIMORE HIGHLANDS	BALTIMORE HIGHLANDS	- /
0	4 har	d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
	nin 24 he filled in papers. rhin 72 h	2906 VIRGINIA AVENUE 21227 3 NAME OF First Middle	2906 VIRGINIA AVENUE	YES NO X
	cuted within 24 I ampletely filled is ve carban paper event, within 72	3 NAME OF First Middle DECEASED (Type or print) REGINA	DOWNEY  4. DATE Month OF DEATH MAY	Day Year 28, 1966
	completely completely ave carbar event, wi	S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (in years	FUNDER I YEAR FUNDER 24 HRS. Manths Days Hours Min
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	a = = = = = = = = = = = = = = = = = = =	IDA USUAL OCCUPATION (Give kind of work done during most of working life even if refired)  RETIRED HOMEMAKER	11. BIRTHPLACE (County & State or foreign country)  BALTIMORE, MARYLAND	12 CITIZEN OF WHAT COUNTRY? U.S.A.
	physiciar physiciar en pleas aval, an	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	0.D.A.
	certh rig ph Then may	ALLERS	MARM JANE	
	attending permit. The	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war or dates of service) 16 SOCIAL SECURITY NO. 17 NO. 217-07-2783D	7. INFORMANT Address MRS. REGINA SCHATZ. 290	06_VIRGINIA_AV
	physician. signed by the attending phy burial-transit permit. Then burial, cremation, or remava	18 CAUSE OF DEATH (Enter only one couse per time for (a), (b), and (c))	MRS. REGINA SCHAIZ, 290	INTERVAL DETRACEM
	that the an. by the transit p crematic	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Corons	berlinger	ONSEY AND DEATH
	equires that the physician. signed by the burial-transit burial, cremat	Conditions, if any, which gave ) DUE TO Cherio Salve	which C.N.D	Leon
	reque phi sign sign pull	rise to immediate cause (a), stating the underlying couse	- 9 -	P.
	The law ratending has been se as the th priar to	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119 WAS ALTOPSY
	The raffe shase course	PAKE IF CHIEF SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECALLED TO	lar and l	PERFORMED? YES NO
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then plags remaye carbon papers. Pages I and should be filed with the State Dept. at Health priar to burial, cremation, are maval, and the state depth.	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Port I or Port II of Item IB.)	
	by the hosping that this tertification by the spingle that the part of the par	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. F	PLACE OF INJURY (Home, farm, 20f (City or town)	(County) (State)
	NG P y the er th e det are D	p.nc. a work a lawork at	factory, street, affice bldg , etc.)	27/
	OR ATTENDING De retained by the MRECTOR: After the 3 shauld be ded with the State	21 Leartify that (I) (this hospital) aftended the deceased from	hat death accurred at 3 12 M, fram causes ar	19 <u>6</u> that (I) ( <del>we)</del> last of the date stated abave.
	OR ATTENE be retained DIRECTOR: A 8 3 shauld ed with the	226 SIGNATURE	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
	DIR DIR DIR DIR	22c. Sehydician's	M.D PHYS DIRECTOR PHYS. L	9 1 20 1 60
	PITA may ERAL	NAME (Type) GEORGE VASH	206 SOUTH GILMORE S	STREET, 21223
	TO HOSPITAL Page 4 may TO FUNERAL t director, pag should be fil	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY CONTROL OF CEMETERY CON		
	F 5	24 FUNERAL DIRECTOR ADDRESS	2So. REC'D BY REGISTRAR 2Sb REGIS	STRAR'S SIGNATURE
	VR A15 (4) 20 M 1/66	UBBARD FUNERAL HOME, 4107 WILKENS	AVENUBAUN 1 1966 gold	anles Judge.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06494 CERTIFICATE OF DEATH filled in by the funeral no popers. Pages 1 and 2 within 72 hours after death perexecuted within 24 hours after death. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Maryland Baltimore. b. CTY OR TOWN (If outside corporate limits, write RURAL and give neorest lown)

Lutherville c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3 yrs. Lutherville d STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OPENOSPITAL OR INSTITUTION (If not in hospital give street address) ond in ony event, within 72 Lynncrest Road NO TO Lynncrest F Road YES NAME OF corbon Middle 4 DATE Eirst Month Doy Year DECEASED MILTON BRUCE DUNHAM 21, 1966 (Type or print) DEATH May IF UNDER I YEAR I IF UNDER 24 HRS. Male 9. AGE (In years 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED 56 birthdoy) Months Doys Hours May 29, 1909 White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12, CIT ZEN OF WHAT during most of working life even if retired) OLUSTRY COUNTRY? Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removol, hen OR ATTENDING PHYSICIAN: The low requires that the death certi M. Raymond Dunham Hazel Smathers Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) Mrs. Elizabeth Ann Dunham, Same as # 2 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) mia signed by be retained by the haspital or attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been #e GORDAGEN GUTERIOSE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) While 21. 1 certify that (i) (this hospital) attended the deceased from 5 e 2 t , 1964, to 10 and 1966 that (i) (we) last saw the deceased alive an 10 x 12 1966 and that death occurred at 0 x M, from courses and an the date stated above. director, page 3 should should be filed with the 22o. SIGNATURI 22b. DATE SIGNED STAFF M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S C. Holmes Boyd, M.D. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION 23b. DATE THEREOF (County) lle Baltimore, Md. 25b. RÉGISTRAR S SIGNATURE 1966 Druid Ridge Cemetery Pikesville. 24 FUNERAL DIRECTOR 1050 YOURS Towson, Towson 4, ary VR A15 (4) 20 M 1/66 1966



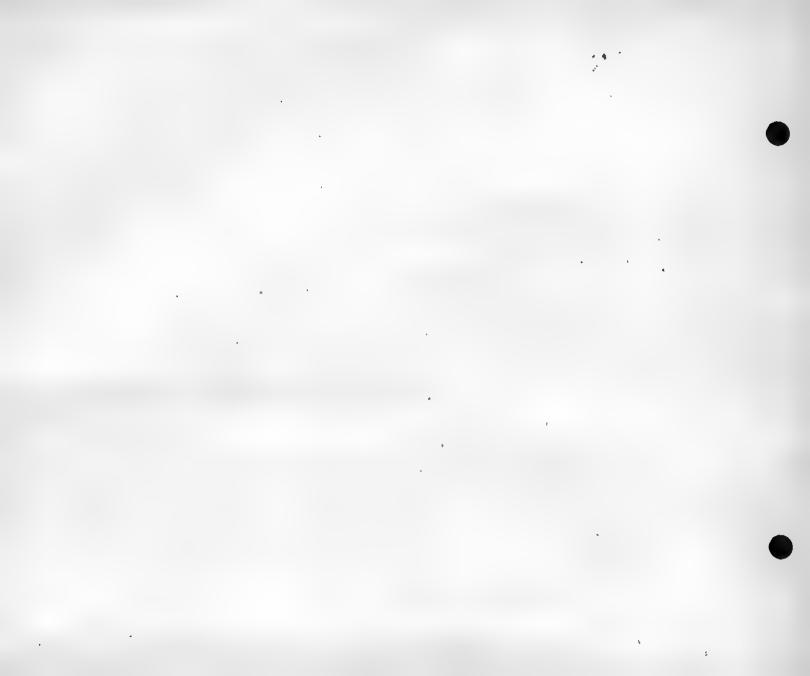


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06496 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06491 **FOR STATE** HEALTH DEPT 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH a. COUNTY MARYLAND b CTY OR TOWN (If autside carparate limits, C JENGTH OF STAY IN 10 CITY OR TOWN outs de-eorgarate limits, write RURAL and give nearest tawn) PM3 write RURAL and give regrest town) d STREET ADDRESS S RESIDENCE MSTITUTION (If not in haspital, give street address) haurs ON A FARM d to NO NAME OF M ddle Last 4 DATE Day DECEASED 6 (Type or print) DEATH SEX 6. COLOR OR RACE IF UNDER 24 HRS 7 MARRIED NEVER MARR ED last birthday) Manths Days Hours WIDOWED D. VORCED SUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR (State or foreign-country) 12 CIT ZEN OF WHAT ng most of work no life, even fretired) INDUSTRY rinter any 3 FATHER S NAME 14 MOTHER'S MA DEN NAMI pup IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, ar unknown) (If yes give war ar dates of service) or remayal. INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) This certificate shauld burial, crematian, DUE TO Canditions, if any, which gave rise to immediate cause (a), farwarded to DUE TO stoting the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 2Da EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 1B.) PRIMARY I ar CONTRIBUTING I CAUSE OF DEATH 2Dc TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 2De, PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) factory, street, office bldg, etc.) may be retained far your FUNERAL DIRECTOR: Page Not While 5 may be retained far you TO FUNERAL DIRECTOR: Page Health ar its designated at of work at wark 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my opinion the funeral directar. deoth resulted from: Notucet equises. Accident Suicide | Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type Address (Street, city, tawn, or county) DATE THEREOF NAME OF CEMETERY OR CREMATOR 23d JOCAT ON (City or Town) BUR AL, CREMATION REMOVAL (Specify) marias FUNERAL DIRECTOR 25a REC'D BY REGISTRAF VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH



	CS497			CERTIFICA	TE OF DEAT	Н		CEA	492
	PLACE OF DEATH e. COUNTY Ba			Baltimore MARYLAND	a. STATEMar		b. COUNTY	Bel-ti	more V
		N (if outside corporate and give nearest town)		c. LENGTH OF STAY IN 1	Balt	(If outside corpora imore	ite Ilmits, write R	URAL end give	a nearest town)
*	5t.	Joseph's Ho	spita.	spital, give street eddres	d. STREET ADDRES	semer Ave	nue		IS RESIDENCE ON A FARM? ES NO X
	NAME DF DECEASED (Type or print)	James James		Albert	ECKMAN	4. DATE OF DEATH	Month May	5 Day	Year 19 66
	male	white	MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. Ac la	yrs.	iths Days	Hours Min.
St	eel work	ION (Give kind of work doing life, even if retired) CC P	ie 10b. KI	ND OF BUSINESS OR IDUSTRY	Penna.	(County & State, or t	foreign country)	12. CITIZEN O COUNTRY? U.S.A	
	father's nami folm Eckm	_			Mary To				
15. CYes N C	WAS DECEASED E , no, er unkown)   )	EVER IN U.S. ARMED FORC (If yes give war or dates of se	ES? 16. S		. informant irs. Ida Eck	man 6702	Address Bessemer	Ave.	
	Conditions, If a gave 'rise to cause (a), st underlying cause	Immediate (b) tating the DUE TO	)	Arterio Scler Diabetes Mell  Diabetic Gar	itus	t Foot	ON GIVEN IN PART	T1(a) [19.	WAS AUTOPSY
	PAKITI. UTHEKS								PERFORMED?
ICATION			20b. D	ESCRIBE HOW INJURY OC			or Part II of Ite	YES	PERFORMED?
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CERTIFICATION	20a. ACCIDENT OR CONTRIBUTII (IF EITHER, NOT 20c. TIME OF I Hour a.m p.m	WAS UNDERLYING TO CAUSE OF DEATH IF MEDICAL EXAMINER INJURY Month, Day, Yean.  19 19 19 that (I) (this hospitates and alive on the caused alive on	ar   20d. IN While at work	IJURY OCCURRED 20e. P fat work dthe deceased from and the	CURRED. (Enter natura LACE OF INJURY(Home, tory, street, office bldg. APTIL 29	farm, 20f. (City, etc.)	y or town)  ay 5  the causes and	(County)  19 <sup>66</sup> that on the date to. DATE SIGN	(State)  at (I) (we) last stated above.
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTII (IF EITHER, NOT 20c. TIME OF I Hour a.m p.n 21. I certify saw the dec	WAS UNDERLYING THE NOTIFY MEDICAL EXAMINER INJURY Month, Day, Year.  10. 19  14 that (I) (this hospitates and alive on Park Inc.)  RE	ar   20d. IN While at work	IJURY OCCURRED 20e. P fat work dthe deceased from and the	CURRED. (Enter nature  LACE OF INJURY(Home, tory, street, office bldg.	farm, 20f. (City, etc.)	y or town)  ay 5 the causes and	(County)  1966, that on the date	(State)  at (I) (we) last stated above.
MEDICAL CERTIFICATION	20a. ACCIDENT OR CONTRIBUTII (IF EITHER, NOT 20c. TIME OF I Hour a.m p.n 21. I certify saw the dec 22a. SIGNATUR 22c. PHYSICIA NAME (Ty BURIAL, CREM	was underlying in the control of the	ar   20d. IN   While   at work	IJURY OCCURRED 20e. P fat work dthe deceased from and the	CURRED. (Enter nature  LACE OF INJURY (Home, tory, street, office bidg.  APTIL 29 (April 29)  ATTENDING PHYS. 22d. ADDRESS  RY OR CREMATORY  EMELERY	of injury in Pert information of injury in Pert information of injury in Pert information of injury in Pert in	the causes and  STAFF PHYS. A 221  ION (city, town of ale, Pa.	(County)  19 66 the date ob. DATE SIGN or county)	(State)  (State)  (State)  (State)



16	MARYLAND STATE DEPARTMENT OF HEALTH	
- '(M)	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	96498 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9649	3/
HEALTH DEPT.	PLACE OF DEATH  O COUNTY  2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmi o. STATE  b. COUNTY  b. COUNTY	ssion()
lay 1s 3 to Poge ent of leath.	MARYLAND MARYLAND	<b>)</b>
Amy delay 15 2, ond 3 to PM3 Page partment of	b CTY OR TOWN (If outside corporate limits, write RUKAL and give nearest town)  TOWSON  C LENGTH OF STAY IN 1b  C CITY OR TOWN (If outside carporate limits, write RUKAL and give nearest town)  D.O.A.	,
T E D S I	d NAME OF HOSPITAL OR THOUSE T	ESIDENCE A FARM? NO X
ve l y w the	3 NAME OF DECEASED (Type or print) HERBERT H. ELIER OF DEATH MAY 15	Year 19 <b>6</b> 6
	S. SEX 6 (O.OR OR RACE 7 MARRIED MEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years 15 Just	DER 24 HRS rs Min
This certificate should be executed within 24 hours icote, writing the word "pending" in pencil in Item be farwarded to the Chief Medical Examiner's Office. I be used as a buriol-transit permit. File pages front.	1Do USUAL OCCUPATION (Give kind of work done during most of working life even fretired)  1Do KIND OF BUSINESS OR INDUSTRY  Ashe County, N. C.  13. FATHER'S NAME  14. MOTHER'S MANDEN NAME	
oentil sminer pagel	George Washington Eller Luvenia Seagraves	
ed will ed will excur in period in the file to and it, and it is an analysis of the first of the interest of the	15 WAS DECEASED EVER IN S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT DD 22 Address DOSE 11 O/1	
xecuted nding in Medical permit.	No 216-16-0744 Vada M. Eller Bel Air, Naryla	
certificate should be executed writing the word "pending" in provided to the Chief Medical used as a buriol-transit permit. burial, cremation, or removal,	18 CAUSE OF DEATH (Enter only one couse per ing for (o), (b), and (c) PART 1 DEATH WAS CAUSED BY: MMED ATE (AUSE (o) MMED ATE (AUSE (o) MMED ATE (AUSE (o)	BETWEEN D. DEATH
should be e ne word "per to the Chief I buriol-transit mation, or re	MMED ATE CAUSE (o) 11 YOCHT WITTE 10 11 TO	
shou e wie o the ourio	Conditions, if any, which gave (b) (b) (b)	
ficate ing th ded to des a k	stoting the underlying cause lost (c)	
vritition vritition variation variat	BART LOTHER SCANFE AND COMPRESSION COMPRESSION CONTRIBUTION OF DESCRIPTION OF RESERVOIRS DESCRIPTION OF THE SECONDARY AND COMPRESSION OF THE WAS A SECONDARY AND COMPRESSION O	UTOPSY
te, v farv farv e us	YES _	NO I
INER: This certificate should be executed within 24 in sentificate, writing the word "pending" in pentil in should be farwarded to the Chief Medical Examiner's files 3 should be used as a buriol-transit permit. File pages out, prior to burial, cremation, or removal, and in any	PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (6)  PERFO YES   200 EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH  20b DESCRIBE HOW INJURY OCCURRED (Enter notice of injury in Port 1 or Port II of item 18.)	
<b>5</b> 4 4 9 8	2Dx TIME OF .NJJRY Month, Doy, Year Hour o'm pm 19 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, pm 19 Of work	(Stote)
AL EXA xecute Poge for you OR: Pog	21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in m	y opinion
se e ector ned ned sign	deoth resulted fram. Natural cosses , Accident , Suicide , Hamicide , Undetermined manner .	
Mtor please I direct retaine L DIREC		TE SIGNED
necessary, please extremely please extremely please extremely please extremely be retained for funeral director for funeral director. Health or its designed	EXAMINER'S WILLIAM A. PILLS & JRY DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	66
Tecc Tecc S III	230 BURIAL, CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town) (County)	(Stote)
	Burial 5/19/1966 Bel Air Mem. Gardens Bel Air. Maryland 24 FUNERAL DIRECTOR ADDRESS   250. REGISTRAR   256 REGISTRAR S SIGNATURE	
VR ATSME (6)	Charles E. Ruity Jarrettsvillo, Mid. MAY 18 1966 Miles Indas	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #8 Fi 06499 CERTIFICATE OF DEATH : The law requires that the death certificate be executed within 24 haurs after death gup 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) PLACE OF DEATH filled in by the funeral papers. Pages 1 and o. COUNTY o. STATE b. COUNTY Baltimore Baltimore Marvland MARYLAND vertarban papers. Pages I event, within 72 haurs after c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 Baltimore 12 Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Ridgeleigh Road NOX Ridgeleigh YES Road Completely fi 4. DATE 3 NAME OF Middle Lost Month Doy Year First DECEASED OF 30 Mav 66 Clara A. Emerson 19 DEATH (Type or print) YEAR IF UNDER IF LINDER 24 HRS S SEX 6 COLOR OR RACE DATE OF BIRTH 7 AGE (In years 7. MARRIED **NEVER MARRIED** attending physician and **Les** permit. Then please remove ost pirthdoy) Months Days Hours X W DIVORCED crematian, ar remaval, and in any WIDOWED 11 BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR 10o. JSUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY Own Home England Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ann E. Cole William E. Adamson WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service (Same Charles E. Emerson No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per time for (o), (b) and (c).) signed by the burial-transit p ONEST AND DEATH PART I DEATH WAS CAUSED BY ntenso sclerotic Cardio Vascular Disense IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO burial. Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO as the prior to t stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION USe State Dept. af Health Gout NO D ī 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour o.m. Not While of work of work 21. I certify that (I) (this hospital) attended the deceased fram. 1966, that (I) (we) last shauld 19 66, and that death accurred at 2:104 M, from chases and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** PHYS DIRECTOR directar, page 3 shauld be filed v M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S 202 NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) Removal (Specify)
Removal - Buria George Wash . Mem. aranus EUNERAL DIRECTOR 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25b. Co. VR A15 (4) 20 M 1/66 Sons



b. CITY OR TOWN (if outside corporate limits, write BURAL and give in Wood Lavin  d. NAME OF HOSPITAL OR INSTITUTION (if no in hospite), give street eddress)  G619 Dogwood Rd.  3. NAME OF BURAL OF BURAL SECTION (If no in hospite), give street eddress)  G619 Dogwood Rd.  3. NAME OF BURAL OF	1. E	CERTIFICATE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If institutions by COUNTY  3. STATE	UO49 lesidence befor
d. NAME OF HOSPITAL OR INSTITUTION (If not in bospite), give street eddress)  6 619 Dogwood Rd.  3. MANU OF DECEASED Fred Rd.  3. MANU OF DECEASED (Type or pint)  Fred Rd.  4. Date Of Bratte May 17  5. SEX  6. COLOR OR RACE 7. MARKIED NEVER MARKIED NOVER MARKIED RD NEVER MARKIED RD NAME  AUgust Haupt  13. FATHER'S MARE  AUgust Haupt  15. WAS DECEASED EVER IN U.S. ARKID FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT  (Ver. no. o. unknown) (Wespieve were defectorerice)  18. CRUSE OF DEATH Enter only one course per line for (e). (b). end (c).    PART I. DEATH WAS CAUSED BY, MARKIED RD NEVER MARKIED RD NEVER MARKIED RD NAME  (c). HERDOR NEVER MARKIED RD NEVER MARKIED RD NEVER MARKIED RD NAME  18. CRUSE OF DEATH Enter only one course per line for (e). (b). end (c).    PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16. TO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16. TO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16. TO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16. TO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16. TO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16. TO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16. TO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16. TO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16. TO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16. TO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16. TO REL		Baltimore (Woodlawn) MARYLAND  C. CITY OR TOWN (If outside corporate limits, write RURAL and write RURAL and give necreat fown)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give necreat fown)	i give nearest l
A DATE   A		1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS 6619 Dogwood Rd	v. IS O YES
Time   USUAL OCCUPATION   Give kind of work done during most of working like, year, if retirized   10b. KIND OF BUSINESS OR INDUSTRY 11 SIRTHPLACE (Country & State, or foreign country)   12. CITIZEN O HOUSEWITE   13. FATHER'S MAME   14. MOTHER'S MADIEN NAME   14. MOTHER'S MADIEN NAME   15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. ADDIEST   18. CAUSE OF DEATH   Enter only one ceuse per line for (a), (b), end (c).   18. CAUSE OF DEATH   Enter only one ceuse per line for (a), (b), end (c).   19. Conditions, if any, which gave rise to immediate cause (a)   10	1	NAME OF First Middle Last 4. DATE Month OF DECEASED (Type or print) Freida H Emrich DEATH May 1	7 1
Baltimore, Md.		F WIDOWED DIVORCED APTIL 12, 1897 69 yrs. Months	Days Hours
August Haupt  Is. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT Address (19. no. or unknown) (lifyespive were redelean ferrice) none  In 3. Schmidt, (Niece) 6621 Dogwood  Is. Cause of Death [Enter only one ceuse per line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY. (Could Conglitude Causeline for (a), (b), end (c).]  PART II. DEATH WAS CAUSED BY. (b) DUE TO Conditions, if any, which gave rise to immediate ceuse (a), stering the underlying (b) Due To (c)  PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) to the per line for line in the image of the per line for line in the per line for line in the image of the per line for line in th	dor	Housewife Baltimore, Md.	IZEN OF WHA
To unknown   (If yes give wer or deleas of service)   NONE   ITS. SChmidt, (Niece) 6621   Dog wood		August Haupt Lena Stage	
PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)  DUE TO Conditions, if any, which geve rise to immediate ceuse (a), stelling the underlying ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA		none irs. Schmidt, (Niece) 6621 Dogwo	and realized from the later to
20e. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20e. TIME OF INJURY Month, Dey, Year While   Not While   Not While   Attended the deceased from   19   19   19   19   19   19   19   1	NOI	Conditions, if any, which geverise to immediate causa (a), stating the underlying causa lest.  (b) Arthroscollectic Heart dustate  (c)	PE
21. I certify that (I) (this hospital) attended the deceased from 19, to	CERTIFICAT	OR CONTRIBUTING CAUSE OF DEATH	YES
saw the deceased alive on 5.7.5.66	MEDICAL	Hour e.m.  p.m.  19 While Not While factory, street, office bldg., etc.)	
ATTENDING MED.  PHYS. DIRECTOR PHYS.		saw the deceased alive on 5./.5./66	ne date stat
REMOVAL (Specify)		ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D  226. PHYSICIAN'S  22d. ADDRESS	_
DUTTET 5/21/66 LOUGON PAIR DELIGITOR'S SIGNATURE ADDRESS DOLL 258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNA	23a	REMOVAL (Specify)   5/21/66   Loudon Park Baltimore	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06501 CERTIFICATE OF DEATH 08496 eo# ords completely filled in by the funeral remove carbon popers. Pages 1 and 2. in any event, within 72 hours ofter feeth. The low requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission PLACE OF DEATH b. COUNTY Prince George o. COUNTY Baltimore Maryland MARYLAND b CITY OR TOWN (If outside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write PURAL and give-nearest town) 9mth3dys Hyattsville, Maryland d. STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 7h08 - 83rd Place SPRING GROVE STATE HOSPITAL YES [ NO Z 3 NAME OF Middle 4 DATE Month DECEASED OF DEATH 27 19 66 Milton Engle May (Type or print) IF UNDER 24 HRS. 5 SEX 6 COLOR OR RACE 7 MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR **NEVER MARRIED** lost pirthdoy) Months Dovs Hours Oct. 9, 1899 male white WIDOWED DIVORCED 12. CT ZEN OF WHAT COUNTRY? 10o. USUA, OCCUPATION (Give kind of work done TOB KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) ond in physician of during most of working life, even if refired) railroad Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremotion, or removal, Milton Margaret Ketler IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war ar dotes of service)

unknown No 16 SOCIAL SECURITY NO 17. INFORMANT Address 714-07-9040 Records: SPRING GROVE STATE HOSPITAL IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) NTERVAL BETWEEN buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cardiovascular disease signed by 1 IMMEDIATE CAUSE (o). Page 4 may be retained by the hospital or attending physician. DUE TO Pulmonary emphysema Conditions, if only, which gove nse to immediate couse (a), DUE TO stating the underlying couse os the prior to TO FUNERAL DIRECTOR: After this certificate hos been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS ALTOPSY for use ( Heolth p PERFORMED? Ampütation of left leg; above-knee NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.) 20o ACCIDENT WAS UNDERLYING . OR CONTRIBUTING I CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) Hour o.m. factory, street, office bldg., etc.) Not While OR ATTENDING 19 at work ot work 3 should be Aug. 2L May 27, 1966, that (1) (Ke) last 21. 1 certify that A) (this haspital) attended the deceased fram. May 27 19 66, and that death occurred of M, from causes and an the date stated above. saw the deceased alive an\_ 22o. SIGNATURE 22b. DATE SIGNED 5-27-66 **ATTENDING** MED. STAFF PHYS. Stella Wachsler. M.D. DIRECTOR director, page 3 should be filed a M.D. 22d ADDRESS SPRING GROVE STATE HOSPITAL 22c. PHYSICIAN'S a clesh. NAME (Type) Baltimore, Maryland 21228 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) 230 BURIAL, CREMATION 23b DATE THEREOF (County) (Stote) REMOVAL (Specify)
Buria Suitland, IId. Wash . Nat . Com. 24. FUNERAL DIRECTOR Nalley 1 S ADDRESS Mt Reinier250. RECD BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE Funeral VR A15 (4) Maryland 20 M 1/66 Home Inc



06502 CERTIFICATE OF DEATH Reg. Dist. No. 96497 PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND in b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) RURAL and give-pearest town) timoRe maRe d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO X .9 4. DATE OF DEATH NAME OF Middle Manth Day Yéar DECEASED (Type or print) 9 AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX MARRIED NEVER MARRIED completely last birthdoy) Months Doys Hours WIDOWED | DIVORCED [ USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) ALPSLAdi 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. INFORMANT Address attending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO P 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Parl II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Doy, Year (County) (Slole) factory, street, office bldg., etc.) Hour o. m. Not while While at work at work p. m. 21. I certify that I attended the deceased fram. that I last saw the deceased. alive an and that death accurred at M, fram the causes and an the date stated above. may be retained by ACTUAL SIGNATURE prior 3 should PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, ar county) (Stote) MOVAL (Specify) 23 FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR VS A1S (4) 1SM 9/SB

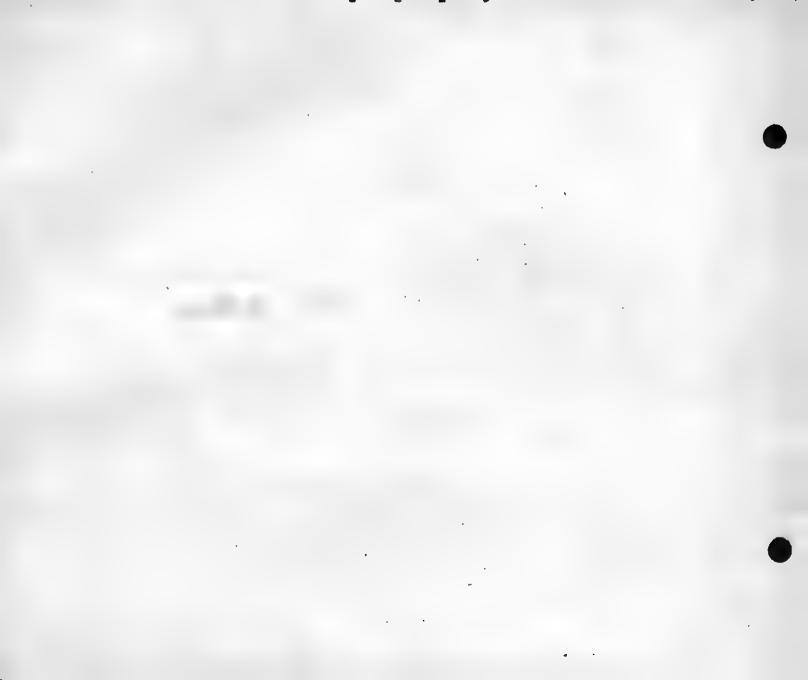
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND C650**3** CERTIFICATE OF DEATH hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. st Maryland b. county Baltimore Baltimore MARYLAND Pagesb. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)
Armagh Village c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Š papers. 1 Armagh Village <u>=</u> d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 7003 Bellona Avenue 7003 Bellona Ave. YES ND [ etely within carbon NAME OF Last 4. Month First Middle DATE Day DECEASED event, Ewalt сошріє Emma M. (Type or print) DEATH Mav 8 19 66 executed 5. SEX 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS гетоуе 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months I Davs Hours I in any and White Female WIDOWED X Feb. 13. 1880 DIVDRCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN DF WHAT attending physician rmit. Then please PHYSICIAN: The law requires that the death certificate be during most of working life, even if retired) INDUSTRY Housewife Maryland removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Merritt Kate Lynch 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT transit permit. cremation, or r Address (Yes, no, or unkown) | (If yes give war or dates of service) Mrs. Mary E. Appleby same address as above No None 217-48-4774 the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the the burial-transit or to burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Cenditions. If any, which gave rise to immediate as the l DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY for use Health PERFORMED? certificate NO YES 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this cerum detached for DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (State) factory, street, office bldg., etc.) be de State a After Hour a.m. While Not While p.m at work at Work retained DIRECTOR: A age 3 should lied with the 21. I certify that (I) (this hospital) attended the deceased from Deceased and that death occurred at 343P.M. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE 88 TO FUNERAL DIRE director, page 3 should be filed v ATTENDING PHYS. MED. STAFF DIRECTOR PHYS. O HOSPITAL PHYSICIAN'S 22d. ADDRESS 22c. NAME Type fron Hersperger 214 Medical Arts Building 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23a. REMOVAL (Specify) Pikesville, Buria REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR AND DATE MAY VR A15 (4) 20M



12	1/1/	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ARYI AND
	= = NE	C6504 CERTIFICATE OF DEATH	06499
	after death, the funeral ges 1 and 2 after death.	1. PLACE DF DEATH Gallimore County a. COUNTY  ORBITIER BALT MED MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If Institution: Res a. STATE, b. COUNTY  MARYLAND  MARYLAND  DALTIMORZ	
	in by Pa	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL a	nd give nearest town)
	24 hours filled in by papers. Pa in 72 hours	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  C. D. A. 2-7 2-0 P. M. 7 112 2 0 0 7 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	e. IS RESIDENCE ON A FARM?
	ted within 24 I	3. NAME DF DECEASED (Type or print) NELSON L. FAMAL DEATH	Day Year
	Executed and compressions of any even	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 last birthday) Months I. D.	YEAR IF UNDER 24 HRS. Days Hours Min.
	sicial and lin any and in any	10a, USUAL OCCUPATION (Give kind of work done   10b, KIND OF BUSINESS OR   11, BIRTHPLACE (County & State, or foreign country)   12, CIT	IZEN OF WHAT JNTRY?
	# 2 y	SUN CAB CO CHAUFFEUR T-LICOTT CITY UN	ited STIMES
	eath certifics attending pl ermit. Then on, or remova	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	
	e death c the atten it permit. nation, or i	(Yes, no, or unknown) (If yes give war or dates of service) 216-03-504 Pto Nuttory	
	hat the deal cian. ed by the al transit perr. , cremation,	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  CACHAC ACCHACTAMA	INTERVAL BETWEEN ONSET AND DEATH
	physical physical signal purial purial purial	Conditions, if any, which gave rise to immediate (b)  ACTERIC SCIERCTIC HEACT DISEASE	YEÂÑ
	faw requirenting printending prints printending printe	cause (a), stating the DUE TD underlying cause last.	
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PULM CICAL Y  THE CAMBOE MBCUSM  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	19. WAS AUTOPSY PERFORMED? YES NO 1
	e di di	2Da. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)  DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	는 를 를 들은 Certification	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   While p.m.   19   at work   at work   19   at work	ty) (State)
	TO HOSPITAL OR ATTENDING P Page 4 may be retained by t TO FUNCINE MIRECTOM After director, page 3 should be should be filed with the Slate		that (I) (we) last
	y be realised with	22a. SIGNATURE  22b. DAT  M.D. PHYS. DIRECTOR PHYS.	TE SIGNED /2/66 .
	Page 4 may  O FINEIR  director, pag  should be fill	22c. PHYSICIAN'S NAME (Type) LARRY CHONG 22d. ADDRESS GREATER BALT IN 20 C	ZNTEIR
	Pag Pag TO Mu dire	332. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coun BREMOVAL (Society) 5-14-66 GOOD SHEP HERD ELLICOTT CI	ty) (State)
	VR AI5 (4)	24. FUNERAL DIRECTOR ADDRESS 250. REGISTRAR 250. REGISTRAR'S FCHIGINBOTHOM. ELLICOTT City M DAMAY 16 1966 goldenles	SIGNATURE .
	20M 1/65	11 - Land Control of the Control of	11 0



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4 624		06505			CERTIF		•		(	0650	0
hours after death.  in by the funeral rs. Pages 1 and 2 hours after death.	3	PLACE OF DEAT a. COUNTY	Baltimore	r	MAR)	YLAND	- CTATE	CE (Where deceased yland	b. COUNTY Ba	Residence before	
Pages Pages ours af	1	b. CITY OR TOWN WITH RURA	VN (if outside corpor L and give nearest to	ate limits, own)	c. LENGTH OF STA		c. CITY OR TOWN (III		e limits, write RURA	L and give no	arest town)
filled in by papers. Pag in 72 hours	Τ,	d. NAME OF HO	SPITAL OR INSTITUT				d. STREET ADDRESS		27.222		RESIDENCE N A FARM?
and completely fill remove carbon pap any event, within 7		NAME OF			Middle		6807 Dunhi		21222 Month	YES	
ent, w		(Type or print)		JOSEPH	Middle		FALL FALL	4. DATE OF DEATH	May		19 66
		SEX Ale	6. COLOR OR RACI	7. MARRIED WIDOWED	DIVORCE		Oct. 17- 1	884 81 SL	(In years IF UNDE birthday) Months	Days Ho	DURS Min.
	dur	ing most of wor <b>Retir</b> e		red)   II	IND OF BUSINESS ON NDUSTRY		11. BIRTHPLACE (C	_	reign country)   12.	OUNTRY?	VHAT
	13.	FATHER'S NA	ME Andy	Fall:			14. MOTHER'S MAIL	den name M <b>istecz</b> sk	d.		
	15 (Y	. WAS DECEASED s, ըջ, or unkewn)	EVER IN U.S. ARMED (17 yes give war or date NO	s of service)	SOCIAL SECURITY N	1	INFORMANT		Address		
, O			1		3-09-0314	<u> </u>	e, Mrs. Kat	hryn Fall	., # 2,a,b,		DETILLER
el-transit perm al, cremation, o			DEATH [Enter only of DEATH WAS CAUSED FOR IMMEDIATE CAUS	BY:	10) un C	(c). ]	Throm	bour	,	ONGET A	ND DEATH
buri		Conditions, if	any, which	(b). 2/4	nu Teres	on E	intern se	Cerusi	Conste		
prior to		cause (a), underlying cau	stating the DU	ETO ZIAL	scul er	18th	reese.				
1	CATION	PARTII, OTHER	SIGNIFICANT CONDIT		TING TO DEATH BUT	OT RELA	TED TO THE T RMINAL	DISEASE CONDITIO	ON GIVEN IN PART 1(a	) 19. WA PE YES	AS AUTOPSY REFORMED?
1	CERTIFICATION	OR CONTRIBUT	WAS UNDERLYING TING TO CAUSE OF DEDITIES MEDICAL EXAM	ATH	DESCRIBE HOW INJU	JRY OCCU	RRED. (Enter nature o	f Injury in Part I	or Part II of Item 1	- No.	
	MEDICAL	Hour a	INJURY Month, Day m. .m. 1	While	Not While	20e. PLAC factor	CE OF INJURY (Home, f ry, street, office bldg., a	arm, 20f. (City etc.)	or town) (C	ounty)	(State)
			fy that (I) (this ho			from	-8-64,1	9 to	- 28 , 19	64 that	(I) (we) last
		saw the de	ceased alive on_	5-18	19.66,	and that	death occurred at	AM, from t	he causes and on		
W Dal		22a. SIGNATO	IRE T	non		M.D	ATTENDING PHYS.	MED. S	TACE	DATE SIGNE	
E /		22c. MYSICI NAME (	Artys Type) Eu	gene F.	Nevy M.D.		22d. ADDRESS		. Dumdalk,		
should be filed	238	. BURIAL, CRE	MATION, 23b. DAT	E THEREOF	23c. NAME OF C	EMETERY	OR CREMATORY	23d. LOCATI	ON (City, town or c	ounty)	(State)
,		BURIAL CRE REMOVAL (SI		1-1966	St. Miche	ael's	Church Cem	etery, Du		yland	21222
B			DUDA, Dund	alk. Mar		22	DATE IA	2 1966	el est d	_	al.
VIV							401			Y/1 - 1	



9	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.	A DVI AND
	± ₹%±	CERTIFICATE OF DEATH	06501
	24 hours after death.  filled in by the foreral apers. Pages 1 and 2 n 72 hours after beath.	1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, if institution; Re	sidence before admission
	# \$2 \$ E	BALTIMORE MARYLAND BALTIMORE COUNTY M	D 21234
	s af	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1D  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	and give nearest town)
	hour s. I hou	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
U	- n.=	GREATER BALTIMORE MEDICAL CENTRE 6701 100 180 BETTYWOOD ROOM	
	uted within completely ve carbon p event, withi	3. NAME OF DECEASED (Type or print) JOSEPH SAME DOMINIC FERRARA DEATH MONTH	29 1966
	ecuted within and completely move carbon any event, with	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years IF UNDER I	
	m and remo	WIDOWED   DIVORCED   10 21 22 43 yrs.   MOOTHS	TIZEN OF WHAT
	and seasons are seasons and seasons and seasons and seasons are seasons are seasons and seasons are seasons are seasons and seasons are seasons and seasons are seasons are seasons and seasons are seasons are seasons and seasons are se	COKK. OFFICER State of Ma.   BALTIMORE, 1981 A	MERICA
	certifica Iding ph Then removal	13. FATHER'S NAME	
	5 ÷ =	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	mpo
	e death the att t permi	755 775 775 775 775 775 775 775 775 775	ame)
	at the deat ian. d by the at ransit pern cramation,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	hat lician, lician, led the lician, li	IMMEDIATE CAUSE (a) 17 PERFYREAT	
	uires that the ghysician.  signed by burial-transit burial, crami	Conditions, If any, which   DUE TO INTERCURRENT INFECTIONS	
	ding bee the or to	gave rise to immediate cause (a), stating the DUE TO Underlying cause last.  AGRANULOCYTOSIS	
	law re attendii has by e as th		19. WAS AUTOPSY PERFORMED?
	IAN: The lastificate bertificate bed for use of Health	LYMPHO SARCOMA WITH SEVERE ANAEMIA	YES NO
	SICIAN: The law hospital or atten s certificate has ched for use as opt. of Health principle.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2)  LYMPHO SARCOMA WITH SEVERE ANAEM) A  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  DATE OF CONTRIBUTING OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	He	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While at work at work at work at work	nty) (State)
	DING PI ed by th After t id be de e State	21. I certify that (i) (this hospital) attended the deceased from 4, 9, 1966, to 5, 29, 1966	(- that (I) (wa) ise
	retaine retaine ECTOR: 3 should with the	saw the deceased alive on 5. 29. 1966, and that death occurred at 11.30 AM, from the causes and on the	e date stated above
	OR A DIREC Bge 3 led wi	22a. SIGNATURE QUELLE. AGARWOLM.D. ATTENDING MED. STAFF PHYS. 12b. DA	ITE SIGNED
	TO HOSPITAL OR Page 4 may be for Evneral director, page should be filed	22c. PHYSICIAN'S RAMESH C. AGARWAL 22d. ADDRESS 6701, N. CHARLES 3	ST. BALTO.
	Page Page O FUN direct should	23a. BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or cour	
	E 5 0	Burial 6/2/66. Holy Redeemer (em. Baltimore, Md.	SIGNATURE
	VR A15 (4)	Leonard J. Ruck Inc. Balto. Md. 21214 DAUN 1 1966 Jolianles	Judge
	20M 1/65		V V



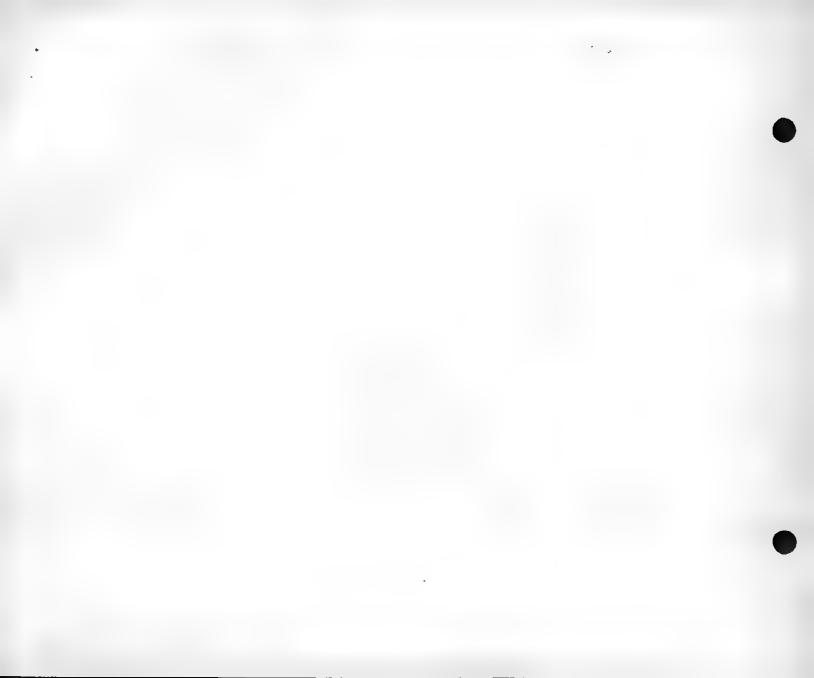
11	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
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	funeral and 2	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Res						
	24 hours after death filled in by the funeral apers. Pages 1 and 72 hours after death	Baltimore MARYLAND 8. STATE Md. B. COUNTY Ba	ltimore					
	rs af by t Page urs a	b. CITY OR TOWN (if outside corporate limits, write RURAL and give pearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give pearest town)	nd give nearest town)					
	hou ri in ris. 2 hou	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE					
		7714 Bagley Ave. 7714 Bagley Ave.	ON A FARM?					
	rithill etely bon with	3. NAME DF First Middle Last 4. DATE Month	Day Year					
	ed w	(Type or print) (mma V. Jenk Death May 15,	19 66					
	executed within	demale white whomen III proposed II 1/-11-1801/ Sast birthday) Months D	YEAR IF UNDER 24 HRS. Pays Hours Min.					
	8 6 2	0 0 1 0 2 113.	IZEN OF WHAT					
	o sign	Housewife Maryland	USA					
	iffica g ph nen l	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME						
	cert india	Brown  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.   17. INFORMANT  Address						
	atte ermite on, oi	(Yes, no, or unknown) (If yes give war or dates of service) 216321400 Leonard W. Fink 3008 Woods	ide Ave.					
	he d / the sit p matic	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH					
	nat the sian. Sian. Sed by transfer transfer creating the search of the	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Grebal hemory	lang					
	requires that the death certificate be ding physician. been signed by the attending physicial the burial-transit permit. Then please or to burial, cremation, or removal, and in the part of the burial cremation.	Conditions, If any, which \ Color Cachel Tales	2014.					
	equir ing prince ween he by to b	gave rise to immediate cause (a), stating the DUE TO						
	law ruttend ttend has b as t prior	underlying cause last. (c)						
	The la	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	PERFORMED? YES NO					
	ATTENDING PHYSICIAN. The law requires that the death certifica is retained by the hospital or attending physician.  RECTOR. After this certificate has been signed by the attending ph 3 should be detached for use as the burial-transit permit. Then with the State Dept. of Health prior to burial, cremation, or removal							
	PHYS the I this detad e Det	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)	ty) (State)					
	ING 1 by Affer be Stat	p.m. 19 at work at work						
	3 HOSPITAL OR ATTENDING Page 4 may be retained by 1 FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Stat	Man 18 -11.	that (I) (we) last					
	S S S S S S S S S S S S S S S S S S S	22a. SIGNATURE 22b. DAT						
	ay big	M.D. ATTENDING MED. STAFF PHYS.						
	PITY 4 m for l	22c. PHYSICIAN'S NAME (Type)  S. Elliott Harris M.D. 8100 Harford Rd. 2123/1						
	TO HOSPITAL OR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or count	ty) (State)					
	5 5 S	Burial 5-18-66 Oak Lawn Cemetery Baltimore, Md.						
	VR ALS (4)	Leonard J. Ruck Inc Baltimore, Md.	SIGNATURE					
	20M 1/65	MAY 17 1966 Charles	Judge					



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06503 deoth requires that the death certificate be executed within 24 hours after death. in by the funeral ers. Pages 1 and 2 2 hours after death 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY a STATE b. COUNTY MARYLAND BATTIMORE MARYLAND b CITY OR TOWN (If outside corporate (mits, write RURA, and once nearest town) E LENGTH OF STAY IN 16 c CITY OR TOWN (If guitside carparate limits, write RURAL and give negrest town) 31 DAYS BALTIMORE IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 923 BURGUNDY STREET VETERANS AIMINISTRATION HOSPITAL NO 3 NAME OF Middle First 4 DATE Last Manth DECEASED MAY RART. FISHER WITLI.TAM (Type or print) DEATH 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE **NEVER MARRIED** 7 MARRIED Months pirthdoy Hours 6/13/13 MALE NEGRO WIDOWED I DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHP\_ACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) RATTROAD U.S.A. BALTIMORE, MARYLAND 14. MOTHERS MAIDEN NAME 13 FATHER'S NAME signed by the attending pilysis burial-transit permit. Then all burial, crematian, or removal, BLANCHE JOHNSON WILLIAM E. FISHER 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT CLINICAL RECORDSddress (Yes, no, or unknown) (If yes give war or dates at service) V.A. HOSPITAL, FT. HOWARD, MARYLAND 217 INTERVAL BETWEEN ONSEL AND DEATH MUNUTES 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: RESPIRATORY AREST IMMEDIATE CAUSE (o) DUE TO PROBABLE ACUTE MYCCARDIAL INFARCTION MINUTES Conditions, if any, which gave rise ta immediate couse (a), DUE TO stating the underlying cause os the l Page 4 moy be retained by the hospitol or attending TO FUNERAL DIRECTOR: After this certificate hos been ARTERIO-SCLEROTIC HEART DISEASE YEARS 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION 3 should be detoched for use with the State Dept. of Health NO A 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) foctory, street, office bldg . etc.) Not While at wark 21. I certify that (this hospital) attended the deceased from 1/14/, 19 66 to 5/15/, 19 65 that (we) last saw the deceased alive on 5/15/66 19 66, and that death occurred of 12:21 M. From courses and on the date stated obove. 22a SIGNATURE 22b. DATE SIGNED ATTENDING PHYS 5/15/66 M.D. DIRECTOR director, poge should be filed 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) ABDUL S. QURESHI, M.D. V.A. HOSPITAL, FT. HOWARD, MARYLAND 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d LOCATION (City or Town) 23a BURIAL, CREMATION, (County) REMOVAL (Specify) BALTIMORE 28, MARYLAND 5-19-1966 NATIONAL ADDRESS 2So. REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DAMAY 23 Musiles Judge 1968 ISATH L. BROWN & SON, FUNERAL HOME TOO W. MONTGOMERY ST. BATTIMORE 30, MARYTAND

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 06503 HEALTH BEPAR PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution nce before admission a. COUNTY o. STATE 2, and 3 to PM3. Page b. COUNTY Baltimore Maryland MARYLAND Baltimore b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Balto.-rural Monkton (Balto.-rural) 事 d NAME OF HOSP,TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? haurs St. Joseph Hospital Corbett Rd. YES NO 3 NAME OF First Last 4 DATE Year DECEASED (Type or print) John Fiske DEATH 30 S SEX NEVER MARRIED XX 8 AGE (In years 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Haurs WIDOWED DIVORCED white male 21 hem ] oril-7-1966 11 BIRTHPLACE (State or foreign county)alto.C 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR V2 CTIZEN OF WHAT during most of working ife, even if retired) INDUSTRY 24 rd "pending" in pencl in Chief Medical Examiner's Onv none ireaterualto.Med.Center none 13. FATHER'S NAME certificate shauld be executed within 14 MOTHER'S MAIDEN NAME .= 먎 and C. Stewart Fiske Jr. Barbara L2 Derrickson IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, ar unknown) (If yes give war ar dates of service used as a burial-transit permit. burial, cremation, or remayal, C.S. Fiske 3906 Hadley Square W. none 18 CAUSE OF DEATH (Enter only one couse per one for (a), (b) and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Interstitial pneumonitis MMEDIATE CAUSE (6) e, writing the ward farwarded to the Ch **DUE TO** Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause PART I OTHER SIGNIF CANT CONDITIONS CONTRIBLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS ALTOPSY PERFORMED? CERTIF CATION Bilateral purulent otitis media the certificate. YES 3 NO 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of Item 18) PRIMARY CONTRIBUTING OT AL EXAMINER: CAUSE OF DEATH 26c. TIME OF INJURY Month, Day, Year 20d IN.JRY OCCURRED 2De PLACE OF INJURY (Home, form, 20f (City or fown) (Caunty) (State) Hour a.m. factory, street, office bldg, etc.) may be retained far your FUNERAL DIRECTOR: Page at work 21. I certify that I taak charge of the remains described above, held an Autapsy 🔀 Inspection [ Inquiry and in my dointon death resulted fram Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE TO DEPUTY Spitz, 5/31/66 5 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) the 230. BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) June-2-66 burial Druid Ridge Cemetery 256 PERSONAL STENA PROPERTY 24 FUNERAL DIRECTOR VR A15ME (5) DATE Stewart & Mowen Co-108-W-North-Av 21201



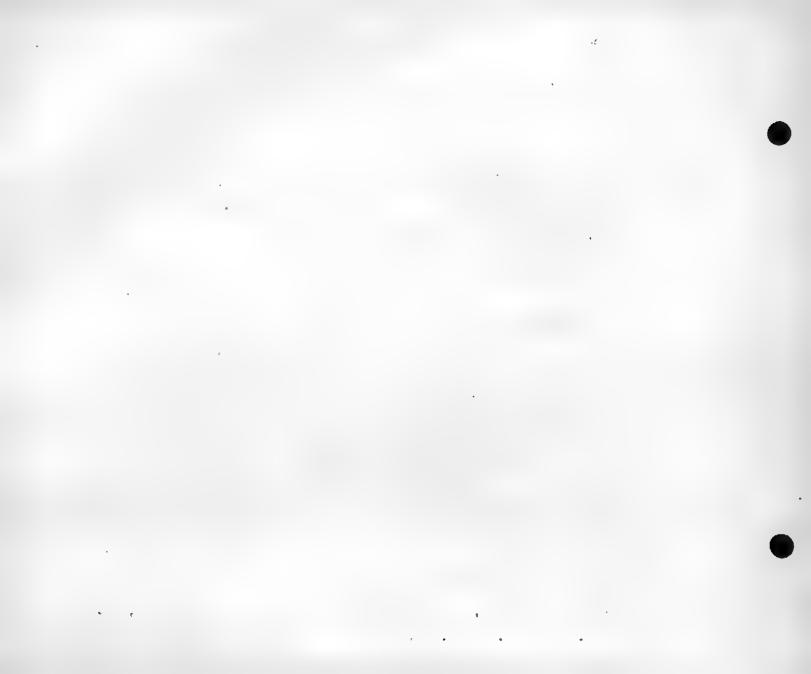
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06510 death The law requires that the death certificate be executed within 24 haurs after death the attending physician and completely filled in by the funeral sit permit. Then please temave carban papers. Pages 1 and nation, at remaval, pages event, within 72 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY --- . I Baltimore Maryland MARYLAND c. CITY OR TOWN (If outside carparate limits, write RURA, and give nearest tawn) b. (ITY OR TOWN (If outside carparate limits, CLENGTH OF STAY IN 16 write RURAL and give nearest tawn) Owings Mills 26 yrs. Baltimore d, NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 8348 Kavanagh Road Rosewood State Hospital YES NO 😿 3 NAME OF Middle Last 4 DATE Dov Year DECEASED 19 66 Christian Ernest FLOYD DEATH 20 (Type or print) IF UNDER 24 HRS IF UNDER 1 YEAR S SEX NEVER MARRIED 8. DATE OF BIRTH AGE (In veors 6 COLOR OR RACE 7, MARRIED lost birthday) Months Dovs Hours DIVORCED White WIDOWED 3-1-29 Male 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF 8US NESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Baltimore City. Md. U.S.A. Dependent none 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending physburial-transit permit. Then burial, crematian, ar remaval William Hope Floyd Louise Glaeser IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) ((If yes give war ar dates of service) 16. SOCIAL SECURITY NO INFORMANT Address Rosewood Records, Owings Mills, Md. no none INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per hipe far (a), (b), and (c))
PART 1 DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Canditions, if any, which gave rise ta immediate couse (a), DUE TO stating the underlying couse this certificate has been be detached for use as the State Dept. af Health prior to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT-NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? MEDICAL CERTIFICATION YES [ NO [ 200. ACCIDENT WAS JNDERLYING 205. DESCRIBE HOW INJURIE OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAJSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, Nat While factory, street, office bldg., etc.) 19 at wark at wark O FUNERAL DIRECTOR: After directar, page 3 should be should be filed with the Stat , 19 39 , to 5-20 19\_66 that (tk (we) last 2) I certify that \$\pi\$) (this haspital) attended the deceased fram 10-2 19.66, and that death accurred ot8.10 M from couses and on the date stated above. 5-20 sow the deceased olive on. 22a. SIGNATURI 22b. DATE SIGNED 5/20/66 DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (State) 230. BURIAL, CREMATION Burial (Specify) 5/24/66 Rosewood Cemetery Owings Mills, Md. 2Sg REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 J. F. Eline & Sons Reisterstown, Md.

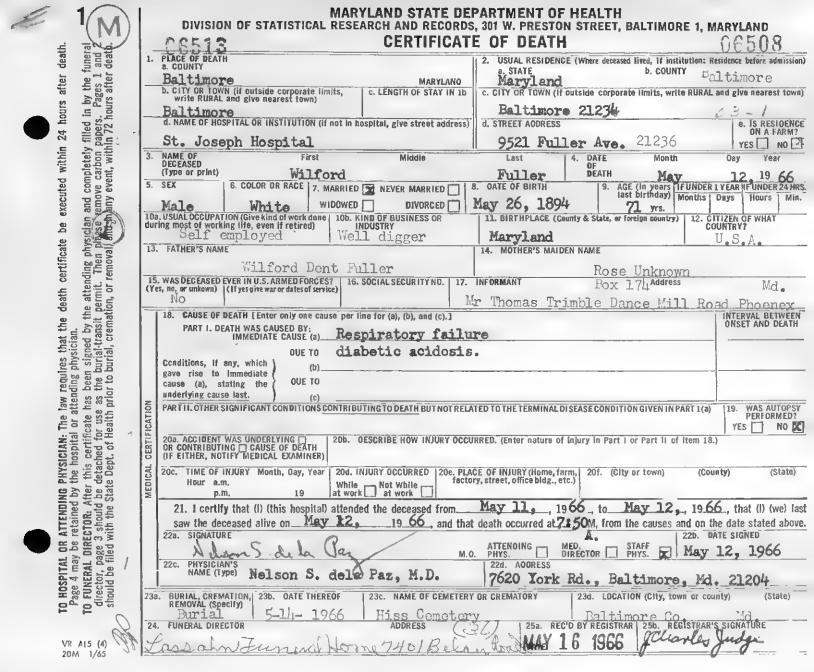


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06511 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH USUAL RESIDENCE (Where deceased fived, if institution; Residence before admission o. COUNTY o. STATE 5 COUNTY 2, and 3 to PM3. Page 40 death Baltimore MARYLAND Maryland Baltimore Department b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) r LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) after Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? haurs alang with form Item 18. Give Pages E. Biddle Street HOWARD HOSPITAL YES NO [ 24 hours after death 3 NAME OF First Middle 4 DATE Manth Day Year DECEASED within (Type or print) DEATH FRANCTS S SEX IF UNDER 24 HRS AGE (In years YFAR 7 MARRIED NEVER MARRIED DATE OF BIRTH ast birthday) Months Days HOLES WIDOWED DIVORCED Office Male IDo LSUALOCCUPATION (Give kind of work done 10b K+ND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even is retired) INDUSTRY COUNTRY 2 d "pending" in pencil in Chief Medical Examiner's page in an w thin FATHER 5 NAME MOTHER'S MAIDEN NAME ORTUNE Address File 16 SOCA, SECURITY NO 17 INFORMANT be executed removal. 1516 E. BIO CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH 50 Fatty metamorphosis of liver IMMEDIATE CAUSE (o) This certificate should writing the ward 5210 cremation, DHE TO Canditians, if any, which gave rise to immediate cause (a). forwarded ta DUE TO stating the underlying cause burial, 1 19 WAS AUTOPSY PERFORMED? YES NO PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) please execute the certificate, its designated agent, priar ta é 200 EXTERNAL CAUSE WAS PRIMARY OF ONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. MEDICAL 20c. TiME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJRY (Hame, farm (City or town) (County) Haur a.m. Not While factory, street, office bldg , etc ) FUNERAL DIRECTOR: Page at wark 21. 1 certify that I took charge of the remains described above, held an Autopsy [X b Inspection [ Inquiry and in my opinion Suicide . directar. death resulted from: Natural causes [X] Accident Homicide Undetermined manner may be retained CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Y SIGNATURE funeral DEPUTY DEPUTY MEDICAL EXAMINER Health or 5-18-66 **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) the BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMAT 23d. LOCATION (City or Town) 400 REMOVAL (Specify) 24. FUNERAL DIRECTOR REG STRAR'S SIGNATURE VR ATSME S 1966 6M 1/66

1 . . 4000

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STRE	ECI. BALIIMUKE I MAKTIANII
CERTIFICATE OF DEATH	06507
1. PLACE OF DEATH   1 2. USUAL RESIDENCE (Where	deceased lived, If institution: Residence before admission)
a. COUNTY  a. STATE  Aftenor  b. CITY OR TOWN (If outside corporate limits,   c. Length of STAY in 1b   c. CITY OR TOWN (If outside corporate limits,   c. Length of STAY in 1b   c. CITY OR TOWN (If outside corporate limits,   c. Length of STAY in 1b   c. CITY OR TOWN (If outside corporate limits,   c. Length of STAY in 1b   c. CITY OR TOWN (If outside corporate limits,   c. Length of STAY in 1b   c. CITY OR TOWN (If outside corporate limits,   c. Length of STAY in 1b   c. CITY OR TOWN (If outside corporate limits,   c. Length of STAY in 1b   c. CITY OR TOWN (If outside corporate limits,   c. Length of STAY in 1b   c. CITY OR TOWN (If outside corporate limits,   c. Length of STAY in 1b   c. CITY OR TOWN (If outside corporate limits,   c. Length of STAY in 1b   c. CITY OR TOWN (If outside corporate limits,   c. Length of STAY in 1b   c. CITY OR TOWN (If outside corporate limits,   c. Length of STAY in 1b   c. CITY OR TOWN (If outside corporate limits,   c. Length of STAY in 1b   c. CITY OR TOWN (If outside corporate limits,   c. Length of STAY in 1b   c. CITY OR TOWN (If outside corporate limits,   c. Length of STAY in 1b   c. CITY OR TOWN (If outside corporate limits,   c. Length of STAY in 1b   c. CITY OR TOWN (If outside corporate limits,   c. Length of STAY in 1b   c. CITY OR TOWN (If outside corporate limits,   c. Length of STAY in 1b   c. CITY OR TOWN (If outside corporate limits,   c. Length of STAY in 1b   c. CITY OR TOWN (If outside corporate limits)	b. county. Boltimose
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	rel Rd 2/222 YES NO 1
3. NAME OF DECEASED First Middle Last 4. OAT	
(Type or print)  5. SEX   6. COLOR OR RACE   7/ MARRIED   8. OATE OF BIRTH	ATH MAY 2/ 1966
3. NAME OF FIRST MIDDLE Last 4. OAT DEAL OF DE	9. AGE (In years) IFUNOER 1 YEAR IFUNOER 24 HRS. last birthday) Months Oays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR during most of working life, even if retired) INOUSTRY	ate, or foreign country)   12, CITIZEN OF WHAT
To De	COUNTRY? Italy
13: FATHER'S NAME ROSATIO Papa	Rose Cimino
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT (Yes, na) by unknown)   (If yes give war or dates of service)	Address
TE TELLE OF THE CONTRACT OF THE PARTY OF THE	CHART
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
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Conditions, If any, which ) Wighette Meshapathy	Chronic Ronal Failure
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underlying cause last. (c) A LULLIUM ILLU UND PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CO	ONOITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
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Hour a.m.  P.m.  While Not While at work at work	
21. I certify that (I) (this hospital) attended the deceased from 7 - 7 , 19 (a.e., the saw the deceased alive on 19 (a.e., and that death occurred at 7 4 M, 22a. SIGNATURE 22a. SIGNATUR	to 3-21, 1966, that (1) (we) last
saw the deceased alive on 5-20 1966, and that death occurred at 2.40M,	from the causes and on the date stated above.
Thureder &- Vicantaramo. Attending Meo. OIRECTOR	STAFF 7/ //
HURERE DESCRIPTION ACTE DESCRIPTION ACTE DE SOLA NAME OF CEMETERY OR CREMATORY  233. BURIAL, CREMATION, 23b. OATE THEREOF  PHYSICIAN'S  122d. AGORESS  NAME (Type) MERCEDES O. ALCANARA  23d. BURIAL, CREMATION, 23b. OATE THEREOF  PHYSICIAN'S  123d. AGORESS  NAME (Type) MERCEDES O. ALCANARA  23d. HOLY Redeemer Competence  123d. HOLY REDEEMER DESCRIPTION (Specify)  123d. HOLY REDEEMER DESCRIPTION (SPECIF	GBMC_
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d.	LOCATION (City, town or county) (State)
July wedeeler demedery	Baltimore, Md.
24. FUNERAL DIRECTOR Leonard J. Ruck Inc. Balto. Md. 21214  25a. REC'O BY REC MAY 9	1966 ACCIONES JULGE
VR A15 (4) 20M 1/65	1000







CERTIFICATE OF DEATH 06514 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If igstitution: Residence before admission) o. COUNTY ed b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write C. LENOTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO V NAME OF DATE Middle 4 Last Month Day Year DECEASED 19 46 DEATH (Type or print) 9. AGE (In years S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH Months Doys WIDOWED IV DIVORCED [ 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (Stofe or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ond Housewi 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORGES? | 16. SOCIAL SECURITY NO. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 1105 **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CO 20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, | 20f. (City or lown) Month, Doy, Year 20d. INJURY OCCURRED (County) (Stole) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 20 21. I certify that (I) (this haspital) attended the deceased fram. ...... 19.66, that (I) (we) last 19.60 and that death accurred at 0.3 M. from the causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b, DATE GNED M.D. PHYS DIRECTOR 22c PHYSICIAN S 22d ADDRESS NAME (Type HOSPIT FUNER 230 BURIAL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY-23d LOCATION (City, town, or county) (Stotal 966 0 25b. REGISTRAR'S SIGNATURE 24, FUNERAL DIRECTOR'S SIGNAT 250 REC'D BY REGISTRAR 15M 9/59



1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
4 704 4	36515 CERTIFICATE OF DEATH 96510
fine at the state of the state	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
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by t Page urs a	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
hour hour set in sers.	d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address) d. STREET ADDRESS  e. IS RESIDENCE
7 filled papers hin 72 f	8409 MERRY MOUNT DRIVE 2000 HILLCREST Rd. VES NO DE
The law requires that the death certificate be executed within 24 hours or attending physician. State has been signed by the attending physician and completely filled in by ruse as the burial-transit permit. This place remove carbon papers. Paperith prior to burial, cremation, or removal, and in any event, within 72 hours.	3. NAME OF DECLEASED (Type or print) MARY SOPHIE GAWEL DEATH 5 1966
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ires that physici n signe burial-t burial-t	conditions, if any, which gave rise to immediate (b) HYPERTENSIVE CARDIAVASCULAR DISEASE 15/EARS.
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O HOSPITAL OR ATTENDING Page 4 may be retained by O FUNERAL DIRECTOR. After director, page 3 should be should be filed with the Stat	Eduin M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 15/166
TAL may RAL r, pa	22c. PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS
TO HOSPITAL OR Page 4 may be 0 FUNEAL DIR director, page should be filed	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
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	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 15M 4-64	J. T. Stansbury 6411 Windsor Mill Rd. DAMAY 3 1966 June June



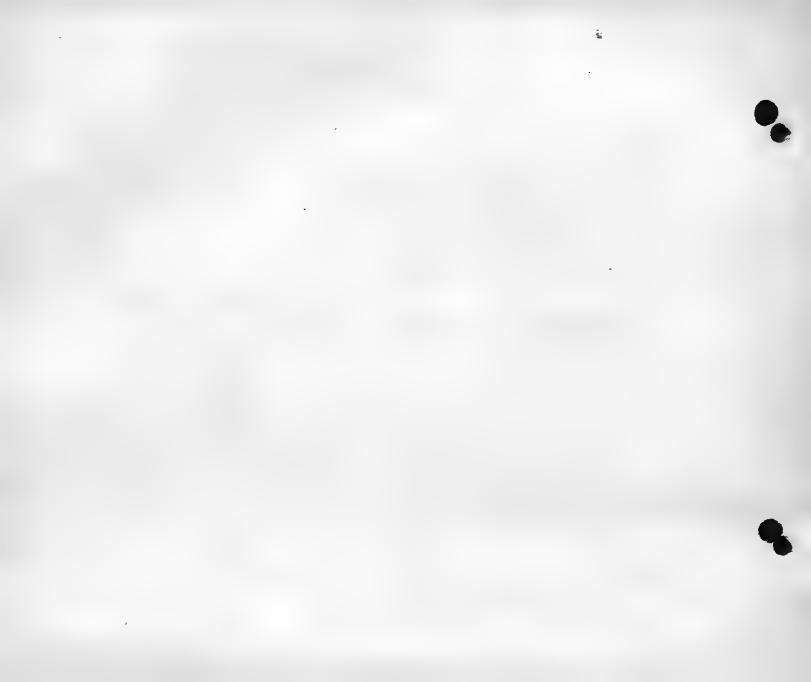
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Battimore b. COUNTY Baltimore MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Page in 72 hours a write RURAL and give nearest town) Parkville (rural Baltimore) Parkvi l Ie .= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) led d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Ellis Road 2452 Ellis Road No X YES etely with Pour 3. NAME OF First Middle Last DATE Month Day DECEASED event. Car CHRISTINE compl (Type or print) CATHERI NE GENSTER 19 66 DEATH May 5 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS remove 7. MARRIED NEVER MARRIED last birthday) | Months | Days any Burn female white Dec. WIDOWED DIVORCED .= 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ease physicia COUNTRY? housewife USA death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phermit. Then removal Hickey Margaret Glenn lhomas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address the attent o (Yes, no. or unkown) I (If yes hive war or dates of service) Mrs. Thomas J. Finucan 2452 Ellis Road, Bal 272-10-659 cremation. no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN The law mquirms that life ONSET AND DEATH à PART I. DEATH WAS CAUSED BY attending physician. n signed the burial-transporter burial, cre IMMEDIATE CAUSE (2 DUE TO Conditions, If any, which been gave rise to immediate the l cause (a), stating the underlying cause last. SP CERTIFICATION PART U. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? NO F YES [ 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PRYEIGING: DESCRIBE HOW INJURY OCCURRED, /Enter nature of injury in Part 1 or Part 11 of Item 18. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State I factory, street, office bidg., etc.) Hour a.m. While Not White at work at work 21. I certify that (I) (this hospital) attended the deceased from ECTOP. 3 should with the and that death occurred at 100 M. from the causes and on the date stated above. saw the deceased alive on. 224. SIGNATURE DATE SIGNED 22b. ATTENDING be 6 director, pag should be file PHYSICIAN'S DIRECTOR Da DSFITTL FUNERAL 22d. ADDRESS NAME (Type) Dr. Donald Evergreen Ave., Balto., BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) REMOVAL (Specify) buria. Baltimore, Maryland Holv Redeemer 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Harford Rd, Balto Leonard J. Ruck, Inc. -- 5305 VR A15 (4) 2DM 1/65



- Constant		Division of STATISTIC			PARTMENT OF HI W. PRESTON STRE	EALTH ET, BALTIMORE, MARY	LAND 21201	
FOR STATE		66517		MINER'S	CERTIFICATE O	F DEATH	66	512
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ed within in pencil I Exomine File page	15	Charles R. Gerwig WAS DECEASED EYER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY	r NO. 17 IN	Marjorie MFORMANT	e L. Caleman	ress	
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should be e te word "per to the Chief ! buriol-tronsit mation, or re		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Crushing		s of the ne	ck and right	ON	SET AND DEATH
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o DEPUTY MEDICAL EXAM necessary, please execute it the funeral director. Page 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health or its designated age	000		SFISHER, M.	D. OF CEMETERY OR C		t, city, town, or county)  23d LOCATION (City or T		5-9-66 (Stote)
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d be			RURAL and give nearest town)	Ole limits, wille	c. LENGIH OF SIAT	IN ID	c. CITY OR TOWN (IF o			UKAL and give r	nearest lown)
oy if	*		I. NAME OF HOSPITAL (If not in ho or institution rmacost Nursin		oddress)		Baltimore d. street ADDRESS 2812 Over				e. IS RESIDENCE ON A FARM? YES NO
hau lin b		3.	NAME OF	First	Middle		Lost	4. DATE	Mon	ith	Doy Year
n 24 Filled Jes 1			Type or print) Meta	L.	Gill			DEATH	May		25 1966
rithi Pag		5		RACE 7 MARI	RIED NEVER MARRI	37	DATE OF BIRTH		9 AGE (In years last birthday)	Months Doy	AR IF UNDER 24 HRS
nple ers		100	F Wh	WIDOW			May 27, 188		83 yrs.		
and car	5		usual occupation (Give kind of during most of working life, even if Housewife	retired)	KIND OF BUSINESS C	OK INDUS	Baltimo	ore	uniryj		S - A -
4 5 (2) 4	,	13.	FATHER'S NAME				Late-Nar		27 1 20 T	amh	
Ficot nysic ove		15.	Late-John He			EN EN	FORMANT	111116	Add		
h certi ling pt se rem n 72 ho		(Ye	no, or unknown) (If yes, give war or	dates of service)		Ed	na Herrmanı	1 281	2 Overl		e .
ot the dear the attend Then plea			18. CAUSE OF DEATH [Enter only PART I. DEATH WAS CAUSI IMMEDIATE C. 4 2 0 0	ED BY:	me for (a), (b), and (c).	10/	Pillelum	160	7/10	00	TERVAL BETWEEN NSET AND PEATH
equires the in. signed by it permit.			Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost.	DUE TO	ercei-	rere	erorie 1,	T(CC7)		icuse.	y (X).
he law r physical has been riol-trans	7	ICATION	PART II OTHER SIGNIFICAN		CONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO THE TERMI	NAL DISEASE	CONDIT ON GIV	'EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
HAN: Trending ficate the bu		L CERTIF	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DEATH	CRIBE HOW INJURY O	CCURRED	. (Enter nature of injury in i	Part I or Part	II of item 18.)		
PHYSIC tal ar at this cert ir use as rematian		MEDICAL	20c TIME OF INJURY Month, Do Hour o. m. p. m.	py, Year 20d. I. White at war		20e. PLA foci	CE OF INJURY (Hame, form ory, street, office bldg., etc	20f (Cily	or lown)	(Count	y) (Stote
ING Papiriter of fo			21. I certify that attende	the deceas	sed fram	26	Q, 19, to	5/25	1612.	that I last so	aw the deceased
ECTC ee detache	4		actual SIGNATURE	66 19. Phi 8	and that	dedth			he causes an		de stated abave
retained RAL DIR Should b strar pris	1		PRYSICIAN'S NAME (Type)		- Je			0			
OSP y be UNEI ye 3		220	BURIAL, CREMATION, 22b. DATE REMOVAL (Specify)	THEREOF	22c, NAME OF CEM				ION (City, town, o		(State)
O HC may O FU Poge the r	A		Burial 5-28	-66	Druid R	idge			imore,		
VS A15 (4) 1SM 9/5B	Q	2	FUNERAL DIRECTOR'S SIGNATURE	1 Cdm	ADDRESS	Un	240. REC'I	D BY REGISTI		Clarica	(1)

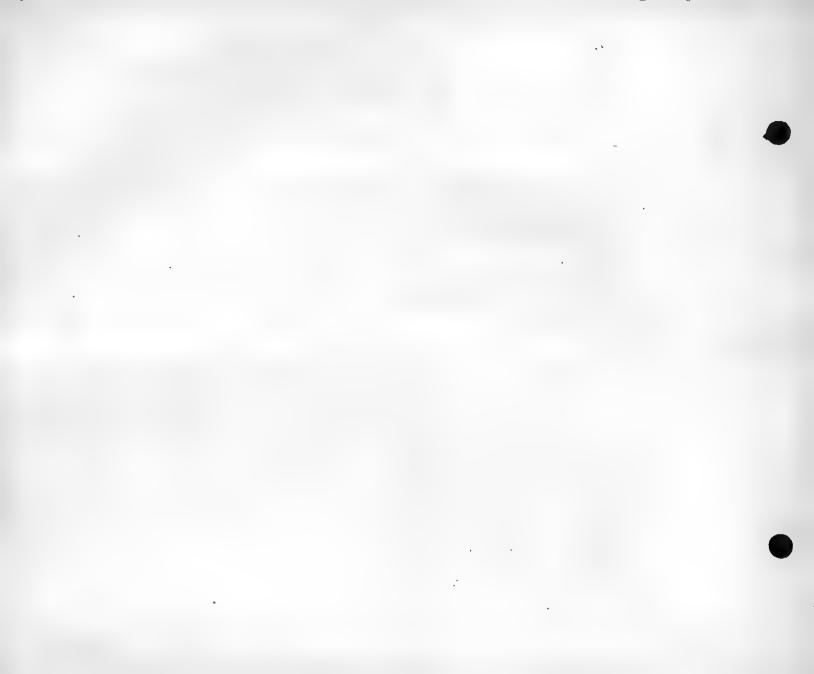


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH should PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edm ssion) a. COUNTY b. COUNTY 42<sup>b</sup> death. Baltimore County

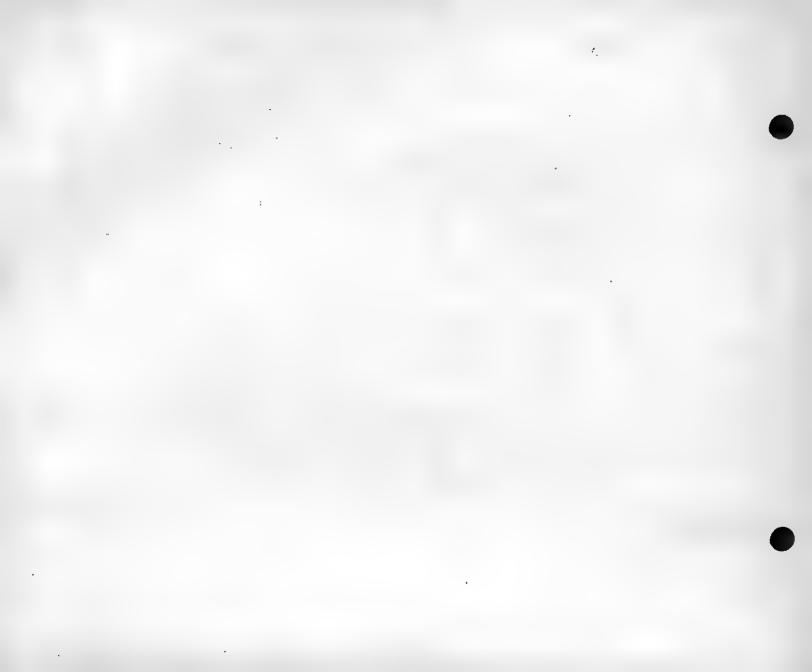
b. CITY OR TOWN (I outside corporete limits, MARYLAND Marvland and c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 24 write RURAL and give nearest town) .E " hours after Baltimore within Lutherville vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? completely papers. YES NO. College Manor, Inc. Greenway 72 Middle 4. DATE DECEASED OF .5 (Type or print) DEATH 19 carbon with Gittings 66. Purcell and DATE OF BIRTH AGE I'm years I IF UNDER 1 YEA UNDER 24 HRS NEVER MARRIED last birthday) Months Hours death certificate WIDOWED Y DIVORCED physician emove 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) California Housewife Own Home U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gervaise Purcell Helen Hunt requires that the 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Md. (Yes, no, or unkown) ( (ifyesgivewerordetesofservice) Thomas E. Rosser, Title Bldg. Balto. 2, permit. ۾ 18. CAUSE OF DEATH (Enter only one cause per line ö ONSET AND DEATH After this certificate has been signed PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation. burial-transit altending DUF TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), steting the underlying the hospital or couse lost. (c) se o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. CERTIFICATION PERFORMED? use prior NO 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part I) of Item 18.) Health OF CONTRIBUTING [] CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) ŏ factory, street, office bldg., atc.) Not White DIRECTOR: Dept. et work el work 19 Ĉ, 1900 that (I) (we) last 21. I certify that (I) (this-hospital) attended the deceased from...... should State and that death occurred at3:555 from the causes and on the date stated above. saw the deceased alive on page 3 swith the 22b. DATE ATTENDING HOSPITAL FUNERAL PHYS. DIRECTOR PHYS. Page 22c-PHYSICIAN'S 22d. ADDRESS NAME [Type] William G. Helfrich 5006 Roland Ave. ector, 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) の音品 REMOVAL (Specify) Baltimore. Greenmount 25e. REÇ'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE W. Jenkins & Sons Co. VR A15 (4)



1.1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	. MARYLAND
	C6520 CERTIFICATE OF DEATH	06515
<b>X</b>	1 toma 8 1) 1/3 lw / 47/4 m/ //// msh	n: Residence before admission)
1	a. SINIC u. GOONTI	. /
-	Baltimore, MARYLAND Maryland Balti  b. CITY OR TOWN (if outside corporate limits, ) c. LENGTH DF STAY IN 1b   c. CITY OR TOWN (if outside corporate limits, write RU	More PAL and give nearest town)
L	write RUKAL and give nearest town)	20 11
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	I e. IS RESIDENCE
D1	Dulaney-Towson Nursing Home, 111 West Rd. 2808 VIOLET AU	
3	3. NAME DF First Middle Last 4. DATE Month DF	Day Year
	(Type or print) Frank Goldstein DEATH May	7 1966
5	5. SEX 6. CDLOR DR RACE 7. MARRIED NEVER MARRIED 8. DATE DF BIRTH 1885 19. AGE (In years IFUN last hirthday) Married 19. AGE (In years IFUN last hirthday) Married 19. AGE (In years IFUN last hirthday)	DER 1 YEAR   IF UNDER 24 HRS
	Male   White   WIDOWED   Nov. 3, 1887 7/19/80 7 7/2 yrs.	is Days Hours Mill.
1 0	10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 1:	COUNTRY?
"	Brass factory Russia	U.S.
1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	Abraham Goldie Baranefsky	
7	15. WAS DECEASED EVER IN U.S. ARMEDFORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no., or unknown) [(If yes give war or dates of service)]	
ľ	NO 2767 N.	CARRISONA
	18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PREUM ONA	ONSET AND DEATH
	Immediate Gross (a).	7.0-717
П	Conditions, If any, which ) DUE TO CARCINOMA RT. L. UNC.	IYR
L	gave rise to immediate (	
	cause (a), stating the OUE ID underlying cause last. (c)	
20		I(a) 19. WAS AUTDPSY
TAC	COAT	PERFORMED?
E	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOTRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Iten  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
18	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Iten DR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)	
		(County) (State)
100	Hour a.m. While Not While factory, street, office bldg., etc.)	
2		n / 6 Abet (I) from less
	21. Footing that in this morphan detailed the debugger from	9.6.6, that (I) (we) last
		n the date stated above.  Date signed
1	ATTENDING MED. STAFF M	
	22c. PHYSICIAN'S   22d. ADDRESS	. (/0)
-	NAME (Type) SANUEL I. OMANSKY PS 23 LOCH MAVEN BE	UB 211 04
2	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of REMOVAL (Specify) May 19 1866 MT (SPECIFY) BRAZZO.	(State)
н	BURIAL MAY 19 1166 MIT CARMET	RAR'S SIGNATURE
13	24. FUNERAL DIRECTOR  Sylven S. Lewis How - 3319 Olympin Hue  25a. Rec'd by Registrar 25b. Regist  MAY 1 1 1966 (Clare	
-	DX15 1 1 1000 1	10
	•	



E 12	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	Ī
FOR STATE	C6521 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	6516
HEALTH DEPT	1. PLACE OF DEATH  O. COUNTY  BATT M J RE  MARYLAND  2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence to STATE M D. to COUNTY  b. COUNTY	before odmission)
er death. If any deray is inve Pages 1, 2, and 3 to ing with farm. PM3. Page if the State Department or him 72 haurs affer death	b CITY OR TOWN (If outside corporate limits, write RURA, and give n write RURA) and give n agree to the RURA and give n are stawn)	eorest lown)
form form the Deporture of	d NAME OF HOSP TAL OR INSTITLT ON (If not in hospital, give street oddress)  ST. JUSEPH HOSPITAL  d STREET ADDRESS  6507 HARFORD RD	e IS RESIDENCE ON A FARM? YES NO
haurs after death if a liter 18. Give Pages 1, Office a ang with farm lord twithin 72 haurs	3 NAME OF DECEASED (Type or print) PAUL First CURTIS GORDON DEATH MAY 2	Boy Year
# 10 .0 .0 .	WIDOWED DOORCED 3 7 Vis	oys Hours Min
hin 24 haurs not in Item 13 noer's Office pages lond	during most of working life, even if refired) INDLSTRY Bethlehem Steel Balto, Md. CON	IRY?S. A.
wit xom xom ile	Buel C. Gordon 14. MOTHER'S MAIDEN NAME  Buel C. Gordon Florence Butled	9 4
vecuted nding" in Medical E perm † f	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 2/5-0/-3082 The Ima Gordon	J
This certificate should be executed icate, writing the ward "pending" in be forworded to the Chief Medical E be used as a burial-transit perm to the burial, cremation, or removal, and the control of th	18. CAUSE OF DEATH (Enter only one couse per ge for (a), (b) and (c).)  PART DEATH WAS CAUSE (b) A CUTE MYOCARDIAL INFAROTTON  UNITED TO THE TOP OF THE PROPERTY OF THE PROPER	ONSET AND DEATH
should be e ne ward "per to the Chief ! burial-tronsit motion, or re	Conditions, if any, which gave (b)	
ificate thing the orded to a control orded to a con	stoting the underlying couse   DUE TO   (c)	
his cert's ate, writt e forwor be used ta buria	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTION CONTRIBUTIO	19 WAS AUTOPSY PERFORMED? YES NO
INER: T e certific should b files. 3 shauld int, priar		
At EXAMINER: execute the cert r Page 4 should I far your files. rOR: Page 3 shau	20c TIME OF N.JRY Month, Doy, Yeor Hour o.m. 19 20d INJURY OCCURRED 20e PLACE OF INJJRY (Home, form, hour o.m. pm. 19 ot work of work foctory, street, office bldg., etc.)	
ACAL B ctar Pa ned far ECTOR:	death resulted fram: Natural causes 5, Accident , Suicide , Hamicide , Undetermined manner	and in my opinian
ry MET /, pleas ral dire- e retair AI DIR r ifs de	ACTUAL SIGNATURE NEUGAL EXAMINER MD. ASSISTANT MEDICAL EXAMINER DEDUTY DEDUTY MEDICAL EXAMINER DEDUTY DEDUTY MEDICAL EXAMINER DEDUTY	22. DATE SIGNED
necessary, please execute the certificate, the funeral director Page 4 should be fe 5 may be retained far your files.  TO FUNERAL DIRECTOR: Page 3 shauld be Health or its designated agent, prior to	EXAMINER'S NAME (Type) WILLIAM A. PILLS BURY DEPUTY MEDICAL EXAMINER Address (Street Till) 1864, Strouting UNIT	5 78 10
5 m = 2 0 m	REMOVAL (Specify) 5/31/66 Gardens of Faith Balts. 11	d.
VR A15ME (5)	Hom Miller Me 6415 Belair ONEN 1 19000 Ochendar	Judge

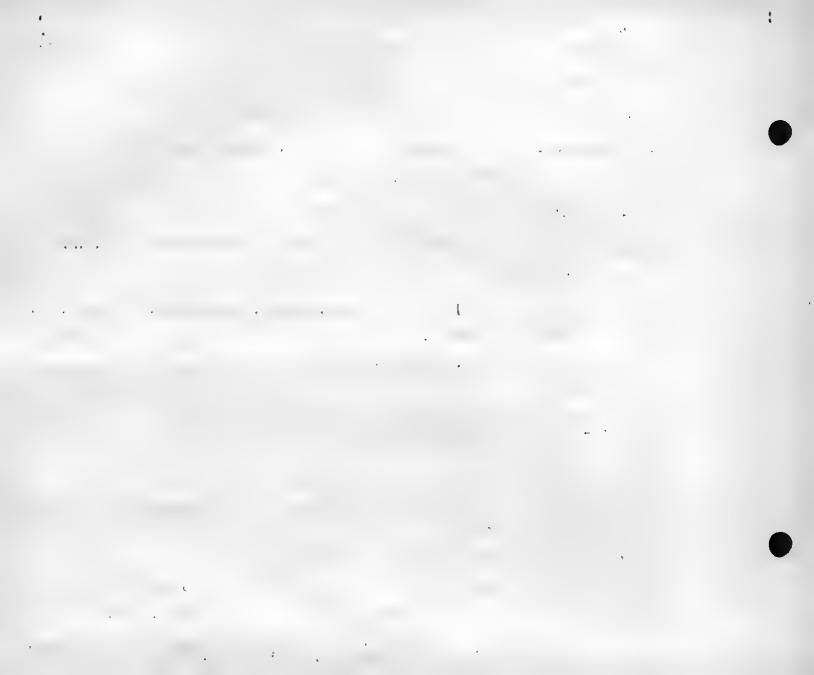


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY Medatimore a. STATE Md. Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1D Baltimore 21234 Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 8. IS RESIDENCE ON A FARM? Collinsdale Road Collinsdale Road No P YES etely within 000 NAME DE THE REV Middle DATE Month Day Year DECEASED JOSEPH ARTSTIDES GRAZIANI 10 1966 (Type or print) DEATH May death certificate be executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED K last birthday) | Months | Days Hours 5/26/1905 60 male white WIDOWED DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Castel Sant'Elia U.S.A. Chaplain-retired U.S. Army 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova l signed by the attending pl burial-transit permit. Then burial, cremation, or remova Henry Graziani Ursula Cammillucci 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITYNO. 17. INFORMANT Address (Yes, no, or unkown) [(If yes give war or dates of service) 2112-33-81.04 Ves Armv Rosina Cascio, above 18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which has been to but to but to but gave rise to immediate DUE TO cause (a), stating the underlying cause last, (C) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) WAS AUTOPSY PERFORMED? No 🔽 He 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) hed t OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (State) factory, street, officebldg., etc.) Hour a.m. After White Not While at work at work the 1963 21. I certify that (i) (this hospital) attended the deceased from 19 6 that (I) (we last DIRECTOR: Jage 3 should liled with the and that death occurred at 1230 PM, from the causes and on the date stated above. saw the deceased alive on 19 66 22a. SIGNATURE ATTENDING PHYS. M.D. DIRECTOR PHYS. FUNERAL Director, pag PHYSICIAN'S 22d. ADDRESS NAME (Type) Joseph F. Palmisano 6608 Loch Raven Blvd. directo should BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 2 Baltimore National Burial Cem Baltimore 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Funeral Home, £15 Brehms Lane 1/65



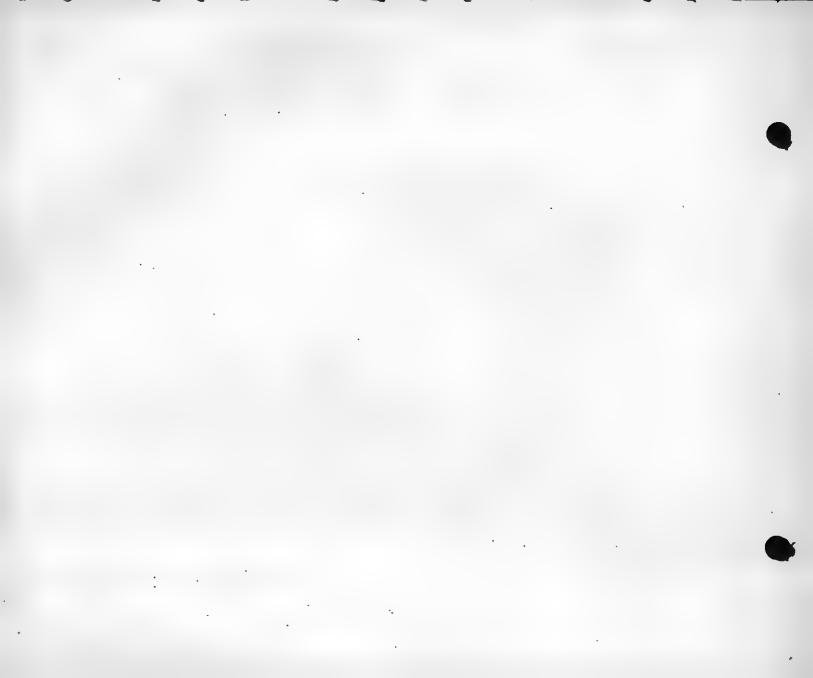
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND MARYLAND c LENGTH OF STAY IN 15 b CITY OR TOWN (If autside corporate limits, c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) 3 DAYS BALTIMORE .⊆ d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitor, give street address) d. STREET ADDRESS e IS RESTDENC ON A FARMS VETERANS ADMINISTRATION HOSPITAL 402 N. PULASKI STREET YES T NO S xecuted within NAME OF Middle DATE pau First Month Year DECEASED 66 HERBERT LEE GREGORY 11 MAY DEATH 19 (Type or post) YFAR IF UNDER 24 HRS S SEX DATE OF BIRTH 9. AGE (in years 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** ast birthday) Manths Doys Hours NEGRO DECEMBER 3. MALE WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? and BULOCK, NORTH CAROLINA CHEVROLET U.S.A. requires that the death certificate PATATUER

3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal. CLARENCE GREGORY attending permit The 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) [(If yes give wor or dates af service) 5 24 88 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. YES crematian, NTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per one for (a) (b), and (c)) transit REDUSE AND DEATH PART I DEATH WAS CAUSED BY CARDIAC FAILURE IMMEDIATE CAUSE (o signed burial-tr One day MYOCARDIAL HEMORRHAGE Conditions, if any, which gove rise ta immediate cause (a), DUE TO stating the underlying couse as the has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION Health Thrombo-Embolism Left Middle Cerebral Artery YES X NO certificate 20g ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Haur a.m. Nat While factory, street, affice bldg., etc.) at work of work O FUNERAL DIRECTOR: After 8/66 2). I certify that (1) (this haspital) attended the deceased fram \_\_, that (阡(we) lost be retained 11/66 M, fram causes and on the date stated above. sow the deceased alive an and that death occurred at 22b DATE SIGNED 22a SIGNATURE /11/66 PHYS. M.D. DIRECTOR director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ALICIA O. VAH FORT HOWARD, MARYLAND MENDEZ-ROSS 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 230 BURIAL CREMATION, 23b. DATE THEREOF BALTIMORE NATIONAL BALTIMORE MARYLAND REMOVAL (Specify) BURTAL REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 20 M 1/66



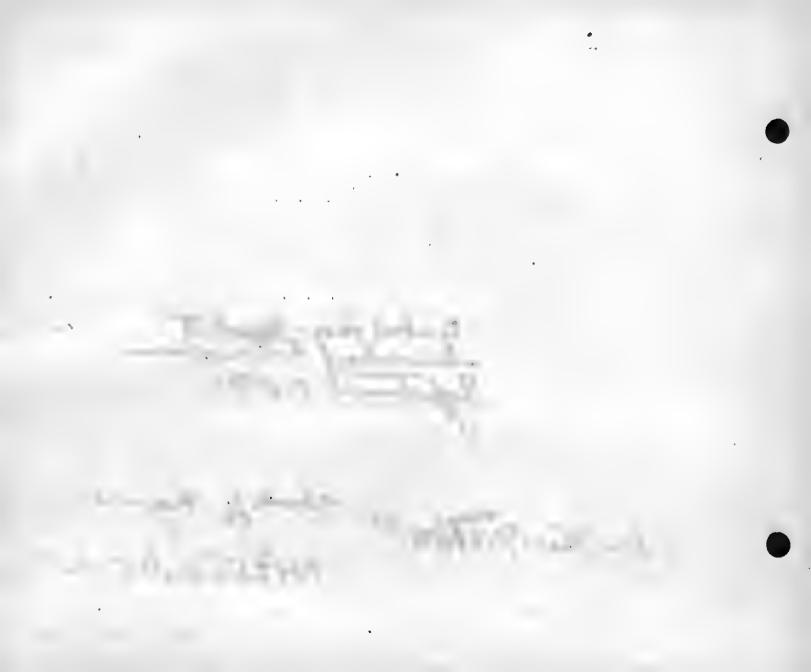
W. PRESTON STREET, BALTIMORE 1, MARYLAND I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission e. COUNTY Baltimore Beltimore and give nearest town; MARYLAND Maryland b. CITY OR TOWN (if outs da ecopureta limits, c LENGTH OF STAY IN 16 write RURAL and give nearest town) Life d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) . IS RESIDENCE ON A FARM? State 12 Avenal Rd. YES NO 12 Avenal Road 3 NAME OF Middle 4. DATE Month Year DECEASED OF (Type or print) DEATH COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. may d 2 w last birthday) Months Days Ноиги DIVORCED WIDOWED 10b, KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (State or fore on country) 12. CT ZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife. Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Bechman 16. SOCIAL SECURITY NO 1 17. INFORMAN Address (Yes, no, or unkown), (Ifyesq.vewerordetes of service) 8212 Diamond Point Rd. No John Grain 1B. CAUSE OF DEATH (Entar only one cause pe ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cousa DUE TO (al. stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED NO. 20a. EXTERNAL CAUSE WAS DESCRIBE HOW MURY OCCURED, (Enter nature of PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 120d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f, (City or fown) (County) (State) -lactory, street, office bidg., alc.) el work at work 21 I certify that I took charge of the remain described above, held an Autopsy | ], inspection 4 Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNED should be for FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Md. please 4 shoul O FUN 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22e. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Holy Redeemer Cemetery Baltimore, Maryland VR ALSME 5M 1/62 1407 Eastern Home

	1		DIVISION OF STATISTICAL RESEARCH	ND STATE DEP I AND RECORDS,		HEALTH STREET, BALT	IMORE 1, MA	ARYLAND
يات.	- 2 - N	1	06525	CERTIFICATE	OF DEATH	,		06520
leat	and 2	1.	PLACE OF DEATH a. COUNTY	9 11 m 49/	2. USUAL RESIDENCI	TUD. E (Where deceased lived,	If institution: Res	idence before admission)
9	e fu		BALTIMORE	MARYLAND	a. STATE	b.	COUNTY	.TO,
#	by th ages s aff		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	NGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside corporate limit	ts, write RURAL a	nd give nearest town)
SILIS	in by Pag hours		STEVENSON		5.TE	VENSON		1
24 hours after death.	25.5		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,	, give street address)	d. STREET ADDRESS			6. IS RESIDENCE ON A FARM?
	E 294		VILLA JULIE		VALL	EY ROAD		YES NO
毛	completely ve carbon event, with	3.	NAME OF First DECEASED	Middle	Last	OF	Month	Day Year
5 10	comple ve cart event,	_	(Type or print) SISTER MARIE M. SEX 6. COLOR OR RACE T MARRIED TO ALL		RIMES	DEATH /	TAY	1966
executed within	and co emove any ev	3.	SEX 6. COLOR OR RACE 7. MARRIED NI WIDOWED	EVER MARRIED   8	AVG. 2,1884	9. AGE (in y last birth		YEAR IF UNDER 24 HRS. Hours Min.
	E 9 :=	102	USUAL OCCUPATION (Give kind of work done 10b. KIND OF INDUSTRY most of working life, even if retired)	BUSINESS OR	11. BIRTHPLACE (Co.	unty & State, or foreign co	euntry)   12, CIT	IZEN OF WHAT
ă, o		1	RELERTIONIST RELIG	6-1005	IREL	-AND	20	NTRY?
icat	VE Z	13.	FATHER'S NAME		14. MOTHER'S MAIDE			
ertit	ding The		JOHN GRIMES			HERINE F	6%	
ō E	attendin rmit. T 1, or ren	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL s, no, or unknown) (If yes give war or dates of service)	LSECURITY NO. 17.	NEORMANT	A	ddress	
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aw requires that the death certificate be	ian. d by the al ransit pern cremation,	Н	18. CAUSE OF DEATH [Enter only one cause per line for	(a), (b), and (c).]	en Coal	J. 11.	0	ONSET AND DEATH
拉	ysician. igned by rial-transi rial, crem	П	PART I. DEATH WAS CAUSED BY:	uroce.	ven car	wo vas.	areis	3 morth
\$1	nysic right rrial	Н	Cenditions, if any, which					
infre	ding phy been sig the buri r to buri		gave rise to immediate					
50	tending has been as the prior to	Ш	cause (a), stating the DUE TO underlying cause last. (c)					
<u>8</u>	atten has e as h pric	S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELAT	ED TO THE TERMINAL DI	SEASE CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY
Tel	tal or at fincate h for use Health	ICAT						PERFORMED?
Ä	osmital or a certificate ned for use t. of Health	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRI	BE HOW INJURY OCCUR	RED. (Enter nature of	injury in Part I or Par	t (i of item 18.)	
PHYSICIAN:	this ce stache Dept.	1 1	OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
FHY	by the hos⊪rtal or attending physician. Iter this certificate has been signed be detached for use as the burial-transtate Dept. of Health prior to burial, cre	MEOICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour a.m. While - No		E OF INJURY (Home, far y, street, office bldg., etc	m. 20f. (City or tow	vn) (Coun	ty) (State)
Z	I by the After to be de State	E I	p.m. 19 at work a	t work		<u>~~</u>	10//	
ATTENDIN	the the	Н	21. I certify that (i) (this hospital) attended the	deceased from 19.6. and that		50, to May	29, 19 <u>66</u>	e., that (I) (we) last e date stated above.
E	reta ECTO 3 sho with		saw the deceased alive on 22a. SIGNATURE	_19.6_9_, and that	death occurred at 3			TE SIGNED
8	page filed		Harold H Burns	M.D.	ATTENDING M	IED. STAFF	D 5-3	0-66
IAL	# 1		22C. PHYSICIAN'S NAME (Type)		22d ADDRESS	1 . 1 . 0 -	01 8.0	1. 21 md
HOSPITAL	Page 4 may bm retainem  O FUNERAL DIRECTOR: At director, page 3 should should be filed with the S				18100 4	whore	1a. well	( )4 - P/C
TO H	Pag FO FI dire shou	232	REMOVAL (Specify)	NAME OF CEMETERY	OR CREMATORY	23d LOCATION (CI	ity, town or coun	(State)
	_	24	FUNERAL DIRECTOR	ADDRESS	25a. REC'	D BY REGISTRAR   251	b. REGISTRAR'S	SIGNATURE
V	R A15 (4)	1	Toley-Covariants FH. Catar	will The	P. DAVEUN	1 1966	Milarle	A
	DM 1/65	<u></u>			DATE		<i>y</i>	<i>()=-()=================================</i>

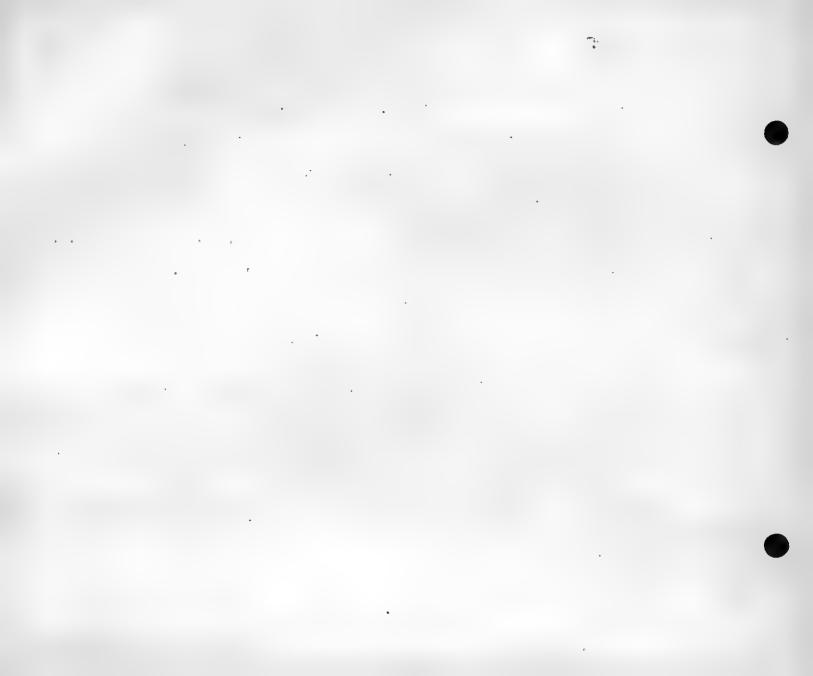


	-1	I	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
	ei .	# 02 E	1		CERTIFICATE OF DEATH 06521	,
-	death	funeral and 2 r death	ľ	1.	PLACE OF DEATH  1. COUNTY  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss a. STATE b. COUNTY b. COUNTY	Sign
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	nours a	s. Page hours			o. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH GF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	MATI
	2	경하다		_	d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	NC
-	10 24	y fills pap thin 7		_	Balto, Co. General 310/ William YES NO	_
	Within	completely i		3.	NAME OF First Middle Last 4. DAYE Month Day Year DECEASED DF DECEASED Type or print) ALBERT W. GRIMMER DEATH MAY 7 19 66	
	ted	comply ve car event,	ŀ	5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR IF UNDER 24)	
	ඩ	日見覧		1	WIDDWED DIVORCED 12 - 22 1707 61 yrs.	lin.
	9~~	Eian ase I nd in		1Da dur	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY)  11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT GOUNTRY?	
(	Tä	al ple	-	13.	FATHER'S NAME	
		Then			Harl Stromer fautine Schuster	
	გ ქ	attending physician as ermit. Then please re on, or removal, and in a		15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address no, or unknown) (If yes give war or dates of service)	
	0	the att it permi ration, o		-	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]	FN
	₽ <sub>2</sub> ,	e a se			PART I. DEATH WAS CAUSED BY: CEREBRO- VASCULAR THROMBOSIS, MIDDLE ONSET AND DEAT	ГН
:	requires that ding physicial	0 7 5			DUE TO CEREBRAL ARTERY	
	urres g phy				Conditions, If any, which gave rise to immediate (b)	_
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	e law atte	ificate has be for use as th Health prior i		NOIL	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP	PSY D?
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	Spit	red t. of		CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	he h	this detacl e Dep	-	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State	a)
	S y	After d be c	- 1	MED	Hour a.m. While Not While at work at work the state of the bidg., etc.)	_
					21. I certify that (I) (this hospital) attended the deceased from 1966, to 1966, to 1966, that (I) (we) saw the deceased alive on 1966, and that death occurred at 272M, from the causes and on the date stated above.	las
	ATT rets	DIRECTOR: age 3 shoul iled with th			22a. SIGNATURE 22b. DATE SIGNED	DAI
	L OR	L DIR page filed	,		M.D. ATTENDING MED. STAFF PHYS. P 5/7/66	
	HOSPITAL age 4 may	tor, p	/		22c. PHYSICIAN'S NAME (Type) B. ALONSO M.D. 22d. ADDRESS	
		O FUNERAL director, po should be fi		232	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity, town or county) . (State)	)
	2	= "	5	24	BURGAL DILLOW LORRAINE CEMETERY RALTO, MARY LAND FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE	
	VR A	A15 (4)	D	1	Usworth Armacost - 4600 Libraty Hotels DATE MAY 10 1966 Killiantes Judge	
		1/65	1	for	The state of the s	_





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH たたりつ funeral and 2 r death. hours after death. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY **a. STATE** by the fi Pages 1 urs after Baltimore Maryland Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours Owings Mills yrs. Cumberland stely filled is bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 Rosewood State Hospital Christie Road - Route ND 3c YES etely death certificate be executed within rpour NAME DE Year First Month Day Middle DECEASED DF and Commit (Type or print) Rovce Eugene GROSS DEATH 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED TO 42 Male WIDOWED | DIVORCED [ White 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 5 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) been signed by the attending physician the burial-transit permit. Then please in to burial, cremation, or removal, and in **COUNTRY?** U.S.A Cumberland, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Oliver Wilson Gross WENTLING: Edith E. 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Rosewood Owings Mills. records. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c). The law requires that the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. Conditions, If any, which (b) rise to immediate DUE TO stating underlying cause last. 38 WAS AUTOPSY PERFORMED? CERTIMICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health certificate YES TO NO [ 208. ACCIDENT WAS UNDERLYING DE CONTRIBUTING DE CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) detached for the Dept. of 1 **EDICAL** 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 2Dc. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED Hour a.m. Not While at work While at work p.m. 5-13 40 19 6 C. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from the DIRECTOR: age 3 should led with the and that death occurred at 1116M, from the causes and on the date stated above. saw the deceased alive on. 22a, SIGNATURE 22b. DATE SIGNED Page 4 may be page : DIRECTOR PHYSICIAN'S 22d. ADDRESS FUNERAL director, p NAME (Type). 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 2 Maryland Cumberland Herman Cemeterv Buria ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR AL5 (4) Cumberland Maryland 21502 Ruth E. Silcox 20M 1/65



No market	1		MARYLAND STATE DE DIVISION OF STATISTICAL RESEARCH AND RECORD	EPARTI	MENT OF HEALTH	DALTHODE 4 M	A DWI A NO
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/	after death, the funeral ges-T-and Z after death.	1.	PLACE OF DEATH a, COUNTY		UAL RESIDENCE (Where decea	sed lived, If institution: R	esidence before admission)
	by the f	_	BALTIMORE MARYLAND		STATE MARYLAN	The same of the sa	Im RE
	by the Page		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  D	c, CITY	OR TOWN (If outside corpo	,	and give nearest town)
	24 hours filled in b papers. Pa in 72 hours		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STR	BALTIMORE -	6	6. IS RESIDENCE ON A FARM?
		_	5706 EAST AVENUE	5	706 EAST	AVE.	YES NO S
	executed within and completely remove carbon In any event, with	3.	NAME OF First Middle DECEASED Middle		Last 4. DATE OF	Month	Day Year
	ted 1	5.	(Type or print)  SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE	DEATH OF BIRTH 9. A	GE (In years   IF UNDER	5 19 6 6 1 YEAR   IF UNDER 24 HRS.
	executed and con remove n any eve	Ŀ	EMALE WHITE   WIDOWED   DIVORCED	2-	10-1894	ast birthday) Months	Days Hours Min.
	be e	10: du	. USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. B	RTHPLACE (County & State, or		TIZEN OF WHAT
	g physician serval and in	13	HOUSE WIFE	14. M	ALTIMORE OTHER'S MAIDEN NAME	MD. L	1.5,4,
	death certificate be te attending physician permit. Ther please too, or removal, and it		TOHN PETER HOFFIRM NN	M	ARGARETT	TA	
	th ce nit. or r	15 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, ng, or unkown) (If yes give war or dates of service)	INFORM	ANT	Address	T 1.
	dea the a peri	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	IRS. L	JORIS WILS	ON 3/06	
	quires that the ng physician. sen signed by the burial-transit to burial, crema		PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (8) CARCINOTHE	e 04	Stoma	ch 2	INTERVAL BETWEEN ONSET AND DEATH
	s law requires that the attending physician. I have been signed been signed been as the burial-tranth prior to burial, creath prior to burial, creath		151 X DUE TO 1100	. 4			, -
	anires		Cenditions, if any, which gave rise to immediate cause (a) stating the DUE TO	Lac	ous	<u> </u>	141
	taw requi	_	underlying cause last. (c)				
	r att r att te ha	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	LATED TO TI	HE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	N: Thea	TFIC	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCC	URRED. (E	nter nature of injury in Pert	I or Part II of Item 18.	YES NO
	PHYSICIAN: The the sopies or this certificate detacled for the best of Heali		20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
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	ATTENDING Trained by Trois After Tous After Trois be With the Stafe		21. I certify that (!) (this hospital) attended the deceased from		, 19, to	•	, that (I) (we) last
	TITAL TITAL TO MITH WITH		saw the deceased alive on	at death o	occurred atM, from	the causes and on the	he date stated above.  ATE SIGNED
	y le		1/1/1/2011 gurdree M.		NDING MED.	STAFF PHYS.     G/	3/66
	TO HOSPITAL OR ATTENDING Bage 4 may lie ratained TO FINIENT OIL TOLE 4 director, Fige 3 mould be filed with the		220. PHYSICIAR'S G.M. Baungarane	226.	Mille 6	MA	
	Mage FILM direct should	238	REMOVAL (Specify)	RY OR CREI	MATORY 23d LOCA	ATION (City, town or cou	
		24	FUNERAL DIRECTOR ADDRESS	Z'S (		TIMORE RAR   25b. REGISTRAR'S	S SIGNATURE
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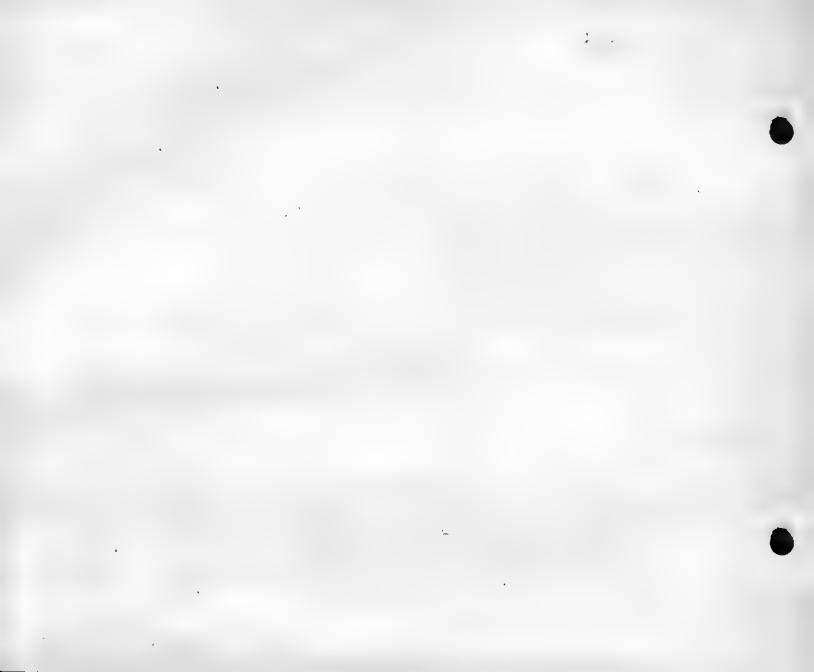


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ■xecute | within 24 haurs after death campletely filled in by the funeral tove carban papers. Pages 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY **B** COUNTY MARYLAND CTY OR TOWN (If autside carparate limits c. LENGTH OF STAY IN 16 OR TOWN papers. Pag hin 72 haurs ( write RURAL and give negrest town d NAME OF HOSPITAL OR\_INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 190 ulasi YES NO remove carban NAME OF Middle 4. DATE Last Day Year DECEASED OF 0 (Type or print) DEATH 19 SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years AF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** last birthday) Manths Days Haurs gny WIDOWED DIVORCED 10a JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State or fareign country) 12, CITIZEN OF WHAT The law requires that the death certificate b■ during most of working life, even if retired) COUNTRY? CWHER signed by the attending phys 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaya WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war ar dates of service 05 burial, crematian, 1B. CAUSE DF DEATH (Enter only one cause per line for (a), (b), ghd (c) INTERVAL BETWEE PART I. DEATH WAS CAUSED BY ONSET AND DEATH CARCI IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Canditians, if any, which gave rise to immediate cause (a), **DUE TO** stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior ta last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20a ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State) Haur a.m. factory, street, affice blda., etc.) While Nat While at wark 21. I certify that (I) (this haspital) attended the deceased fram 19 \_ , ta. 19 66 and that death accurred at 130 / M, fram causes and an the date stated above saw the deceased alive on 92m SIGNATURE 22b. DATE SIGNED ATTENDING MED. PHYS DIRECTOR PHYS 66 22d. ADDRESS 22c, PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) BURIAL CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Mayso pulm VR A15 (4) 20 M 1/66 2 DATE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEN PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY 2, and 3 to PM3. Page o STATE Maryland Baltimore 0 Baltimore MARYLAND b CITY OR TOWN ( f autside corporate limits. c CITY OR TOWN ( f auts de carparate limits, write RURA, and give nearest tawn) CLENGTH OF STAY IN 16 write RURAL and give nearest town) after Towson Phoeninx d. NAME OF HOSPITA, OR INSTITUTION LIft nat in hospita, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? Item 18. Give Pages 1, Office along with farm hours 6 Glenn Brook Drive Dulaney Valley Road NOC 3 be executed within 24 hours after death 3 NAME OF First 4 DATE Month Day Year within 72 DECEASED OF DEATH L. HARDESTY (Type or print) RAYMOND 19 66 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS lost birthday) Months Days WIDOWED DIVORCED 3-18-45 Male White 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fare an country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY USTRX? Maryland Examiner's Ξ pencil 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Raymond L. Hardesty, Jr. Mary Moulton File 15 WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, na, ar unknawn) (If yes give war ar dates at service) removal. 218-44-5554 Barton S. Nagle. Same as # 2 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY-ONSET AND DEATH IMMEDIATE (AUSE (a) Crushing injuries of abdomen with hemoperitoneum ö This certificate should e, writing the ward forwarded to the Ch cremation, DUE TO Canditians, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying cause burial, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) please execute the certificate, ogent, prior to 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of Item IB) Passenger in auto 20a EXTERNAL CAUSE WAS PRIMARY MO OF CONTRIBLE NG pluods turn from Dulaney Valley Rd. into Fox Chapel CAUSE OF DEATH 20c TIME OF INJURY Manth, Day, Year Have are 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or fown) ((aunty) Drive(State) factory, street, office bldg, etc.)
Road While Nat While moy be retained for your FUNERAL DIRECTOR: Page of work al wark 11:40 1966 Baltimore Md. 21. I certify that I took charge of the remains described above, held on Autopsy [x], Inspection | Inquiry | and in my opinion death resulted from. Notural couses Accident X Suicide [ Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 DEPLITY MEDICAL EXAMINER 5-9-66 **EXAMINER'S** 5 n. TO FUN. Health o NAME (Type) RUSSELL S. FISHER, M.D. Address (Street, city, town, ar county) 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMATION, 23b DATE THEREOF 23d LOCAT ON (C ty or Town) (County) (Str. Cockeysville, Balto., Md. B(MOVAL Specify) May 11, 1966 Dulaney Valley 24 FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR Wm. Cook-Brooks Towson. VR AISME (5%) 1050 York Road Towson 4, Maryland 6M 1/66

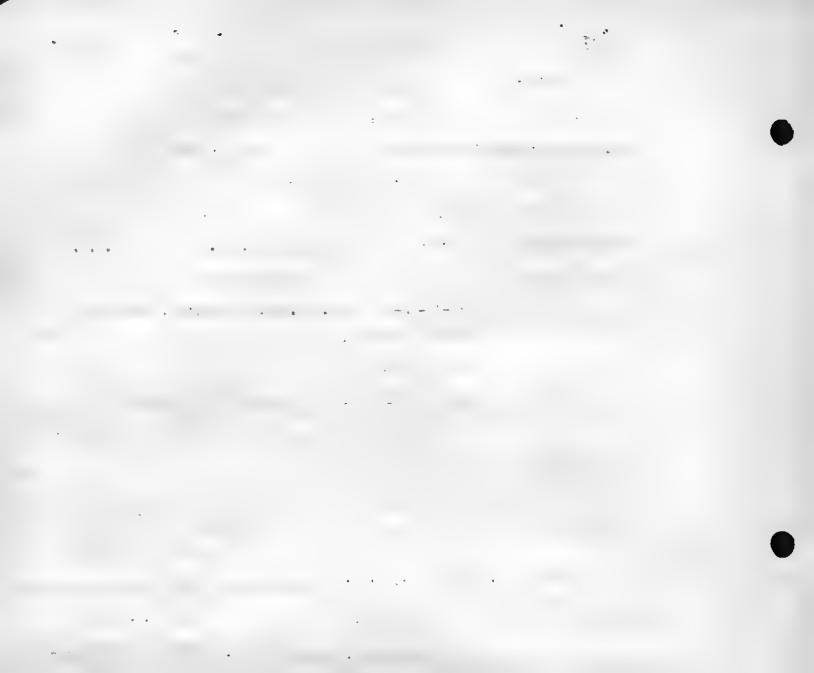


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH CEO requires that the deoth certificate be executed within 24 hours after deoth funerol ond Res dence before admission deot PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution o. COUNTY a. STATE. b. COUNTY 1 MARYLAND filled in by the c LENGTH OF STAY IN 16 c CITY OR TOWN outside carporate amits, write RURAL and give negrest town) te RURAL and give negrest town d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address); d. STREET ADDRESS IS RESIDENCE ON A FARM? NO TO 0710 14077 YES carbon Middle NAME OF 4. DATE and completely DECEASED OF DEATH 13 1966 (Type or print) IF UNDER I YEAR SEX LIF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRT AGE (In veors lost\_birthdoy) Months Doys Haurs D-VORCED WIDOWED Vrs. 10b. KIND OF BUSINESS OR 100 USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY 2 during most of working life, even if retired) INDUSTRY S S S 0 13. FATHER'S NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 JINFORMANI (Yes, na, ar unknown) (If yes give wor or dotes at service) 18. CAUSE OF DEATH (Enter only one couse per line for INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO Canditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been os the lost 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) use YES -NO Poi 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or tawn) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED foctory, street, affice bldg., etc.) Nat While at work Poge 4 may be retained by 21. I certify that (I) (this haspital) attended the deceased fram 1966, and that death accurred at 8,150M, fram couses and an the date stated above. saw the deceased alive an\_ 22b. DATE SIGNED 22a, SIGNATU MED. DIRECTOR **ATTENDING** M.D. PHYS PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) should be director, 23d, LOCATION (City or Town) 230. BURIA., CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (County) (State) 6-66 2RDERICK FUNERAL DIRECTOR VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06533 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. death, steely filled in by the funeral carbon papers. Pages 1 and ent, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE 6 COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 Baltimore Fort Howard 13 Hours d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 2617 Beryl Avenue Veterans Administration Hospital YES NOT 3. NAME OF Fist Micidle East DATE Month Day Year DECEASED WILLIE HARRIS MAY J. 66 (Type or print) DEATH 19 AGE (In years IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR Jost birthday) Colored 8/16/95 Male WIDOWED K DIVORCED 10g LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or fareign country) 12. CIT ZEN OF WHAT during most of working life, even if retired) Steel **COUNTRY?** attending physician permit. Then please ond Crane Operator Farmville, Va.

14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME burial-transit permit. Then pl burial, cremation, ar removal, George Harris Margaret Woodsen IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give war or dates of service) Yes 217-10-42-07 Clin.Rec.VAH.Fort Howard, Maryland INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). signed by the burial-transit p PART I DEATH WAS CAUSED BY: CEREBRAL VASCULAR ACCIDENT, BILATERAL IMMEDIATE CAUSE (a) 100000 RENAL FAILURE UNKNOWN Canditians, if any, which gave rise to immediate cause (a). DUF TO stating the underlying cause has been the GIOMERULONEPHRITIS AND MULTIPLE CYSTS KIDNEY 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION be detached far use State Dept. af Health YES X NO O FUNERAL DIRECTOR: After this certificate 20g ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part | ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c TIME OF INJURY Manth, Day, Year Hour a.m. factory, street, affice bldg., etc.) Nat While O HOSPITAL OR ATTENDING at wark at wark 21. I certify that XI) (this haspital) attended the deceased from\_ 5/3/66 11:15AM ...to 5/4/66 \_, 19\_\_\_\_, that (1) (we) lost director, page 3 shauld shauld be filed with the 5/11/66 and that death accurred at 12:55 Affrom causes and on the date stated above. sow the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** 5/4/66 DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S LAWRENCE F. AWALT, JR., M. NAME (Type) VA HOSPITAL, FORT HOWARD MARYLAND 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) BALTIMORE, MARYLAND BALTIMORE NATIONAL 24 FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE ELICKSON FUNERAL HOME RECD BY REGISTRAR VR A15 (4) CAROLINE ST. BALTIMORE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH CEROO 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Charles Baltimo re Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside comprote limits, write RURAL and give nearest town) write RURAL and give nearest town) 26vrlmth13dvs Indian Head. Maryland Catonsville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? STATE SPRING GROVE HOSPITAL none NO YES 3 NAME OF Middle 4. DATE Month Dov Łost Year DECEASED May 13 66 Edward C. Hartman (Type or print) DEATH S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE NEVER MARRIED 7. MARRIED lost birthdoy) Months Days Hnurs male white WIDOWED Aug. 9k 1912 DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 1), BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if refired)
Sheet iron worker INDUSTRY Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Evan Hartman Cora B. Arthur 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) {(If yes give wor or dates of service) 17. INFORMANT Address 16 SOCIAL SECURITY NO unknown Records : SPRING STATE unknown GROVE IB CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cardiac failure with pulmonary edema IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove Cerebrovascular accdent rise to immediate couse (o). DUE TO stoting the underlying couse last. WAS AUTOPS' PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIF CATION NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED factory, street, office bldg. etc.) Hour o.m. Not While of work of work 40 to 19 00, that (I) (vie) last March 27 May 21. I certify that (14 (this haspital) ottended the deceased from. 19 66, and that death occurred at M. from causes and on the date stated above sow the deceased olive on May 13 22o. SIGNATURE Machen DIRECTOR M.D. PHYS SPRING GROVE 22d. ADDRESS 22c. PHYSICIAN S Stella Wachsler. M.D. NAME (Type) Baltimore. Maryland 21228 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) ComFORT URIAL

O FUNERAL DIRECTOR: After director, page should be filed VR A15 (4) 20 M 1/66

FUNERAL DIRECTOR

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CERTIFICATE OF DEATH    Public of Path	1-1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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during most of working life, even if retired.    Comparison of the property of	any any	DIVORCED DIVORCED 10-13-01 64 yrs.
13. MATHER'S NAME  14. MOTHER'S NAME  15. MAS DECLASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  17. MAS DECLASED EVER IN U.S. ARMED FORCES?  18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]  18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]  18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]  18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]  18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]  18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]  18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]  18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]  18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]  18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]  18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]  18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]  18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]  18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]  18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]  18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]  18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]  18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]  18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]  18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]  18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]  18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]  18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]  19. CARROLL OF DEATH (ENTER ONLY ONE CAUSE (ENTER ONLY ONE CAUSE (ENTER ONLY ON		during most of working life, even if retired) INDUSTRY
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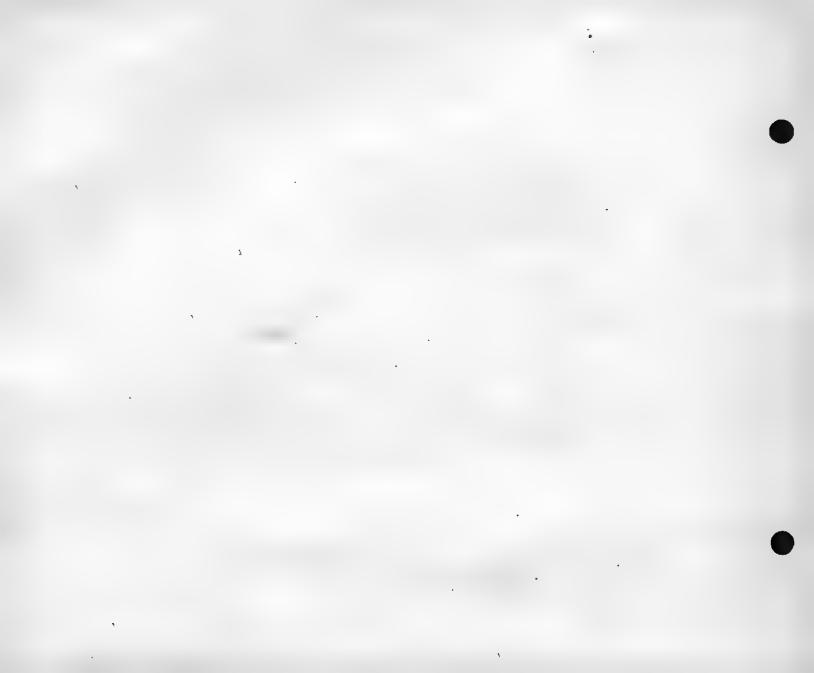
1 MARYLAND STATE DE	PARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS	, 301 W. PRESTON STREET, BALT	IMORE 1, MARYLAND
C6536 CERTIFICAT	E OF DEATH	<u> </u>
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d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	Nelson Road	IS RESIDENCE     ON A FARM?
3. NAME OF SETTING Middle	Lest 4. DATE	Month Dey Year
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5. SEX  6. COLOR OR RACE 7, MARRIED NEVER MARRIED WIDOWED TO DIVORCED TO	B. DATE OF BIRTH 19. AGE last b	(In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
10m. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUS	TRY   11, BIRTHPLACE (County & State, or foraign	country) 12, CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	Cockersula, mid	· 282
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	2
Frederick A. Warrener	Mary Elizabeth	Barrett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.  (Yes, no, or unknown) (If yes give were or detes of service)	INFORMANT	Address P. Jan M. S. L.
20 - 113-34-1260 M	in I hade Read , Mulian	Road, Peter the 8. Me
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	CVD	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)		
A 192 W 13.1 %		
gave rise to immediate cause		
(a), steting the underlying DUE TO		
16)	OT RELATED TO THE TERMINAL DISEASE CONDI	TION GIVEN IN PART I(b) 19. WAS AUTOPSY
ŪV.		YES NO
OR CONTRIBUTING CAUSE OF DEATH	RED. (Enter nature of injury in Part I or Part II of ite	m 18.)
Hour e.m. While Not While	ACE OF INJURY (Home, farm, 20f. (City or low clary, street, office bldg., etc.)	n) (County) (State)
	201 - 16:51 - 1.	
21. I certify that (I) (this hospital) attended the deceased from	1200, to 19.14	
saw the deceased alive on	it death occurred at 0.30 M, from the	causes and on the date stated above.  22b. DATE
Ch. 11 M Machine	M.D PHYS. MED. STA	AFF SIGNED
22c. PHYSICIAN'S have by 1 W. 11 a s'	22d. ADDRESS 47 //	
Charles H. Williams		11e 8/Md.
238. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETER	OR CREMATORY 23d. LOGATION	(City, town or flounty) (Stelet)
24 FUNERAL DIRECTOR'S SIGNAPORE ( ) ADDRESS)	25 REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
The said of the said of the said	2 1966 L	Acharles Judge
History I fully and the	1000	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH **000** and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Baltimore a. STATE Mary Land b. COUNTY MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) n and completely filled in by remove carbon papers. Pag In any event, within 72 hours Lutherville Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? St. Joseph Hospital 142 Westbury Rd. 21093 YES NO Y executed within NAME DE Middle Last DATE Month Day DECEASED dward Hendrickson OF DEATH Harold May (Type or print) 19 5. SEX 6. COLOR OR RACE | 7. MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH NEVER MARRIED birthday) Months | Days 8-16-21 Hours | male whi to WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) Campbell COUNTRY? Sales Co. New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Randall Hendrickson Jessie VanAken 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address been signed by the attent the burial-transit permit. or to burial, cremation, or (Yes, no, or unkown) (It yes pive war or dates of service) Family Records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH NG PHYSICIAN: The law requires that the by the hospital or attending physician. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolization with massive infarction. DUE TO Recent posterior myocardial infartion. Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES DC NO F is certached for 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year I 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. While at work Not While at work p.m. April 6 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Jage 3 should lied with the 19.66, and that death occurred a 45PM, from the causes and on the date stated above. saw the deceased alive on May 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. May 20, 1966 PHYS M.D. 7620 York Rd. Baltimore, Md. 21204 22c. PHYSICIAN'S director, p should be 1 Govinda Rao. M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY (State) LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF Removal Burias Stone Ridge Cemetery Stone Ridge. 24. FUNERAL DIRECTOR REC'D BY REGISTRAR John Burns VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH low requires that the death certificate be executed within 24 hours after death. puo deoth 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) physicion and completely filled in by the funeral en please remove carbon papers. Pages 1 and PLACE OF DEATH a. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND MARYLAND BALTIMORE b CITY OR TOWN (If autside caroarate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) ARBUTUS CATONSVILLE d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? RIDGEWAY MANOR NURSING HOME NO X CIRCLE DRIVE YES [ 3. NAME OF DECEASED Eirst Middle Last 4. DATE Day Year GEORGE (Type or print) HERGET DEATH 9. AGE (In years IF LINDER YEAR S SEX 6. COLOR OR RACE NEVER MARRIED B DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED last Birthday) Manths Days Hours WIDOWED DIVORCED MALE 11-20-1883 WHITE 11 BIRTHPLACE (County & State, or foreign country) 12. CIT ZEN OF WHAT 10g LSTIAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY COUNTRY? during most of working life, even if retired) SELF-EMPLOYED RETIRED MARYLAND, BALTO ILS.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE HERGET ANNTE ETCHORN IS. WAS DECEASED EVER IN L.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, ar unknown) (If yes give war or dates of service) NO 1113\_CTRCLE cremation. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-tronsit PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUE TO Canditians, if any, which gave 3 rise to immediate couse (a). DHE TO stating the underlying couse affending hos been the WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES 🔲 NO F O FUNERAL DIRECTOR: After this certificate far 200 ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) be retoined by the hospital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c TIME OF INJURY Month, Day Year Hour a.m. factory, street, affice bldg, etc.) Not While 21. I certify that (1) (this hospital) attended the deceased from . 19*66,* that (I) (we)-last plnous Mous sow the deceased alive on 11/19/06, and that death accurred of M, from causes and on the dote stated above. 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 1264 FRANCIS AVENUE 21227 DAUGHARTHY director, should b 23a. BURIAL CREMATION, 23d LOCATION (City or Town) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) BALTIMORE, MARYLAND BURTAT 5\_21 .66 DARK KEC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 HOWARD H. HUBBARD, 4107 WILKENS AVE. #2

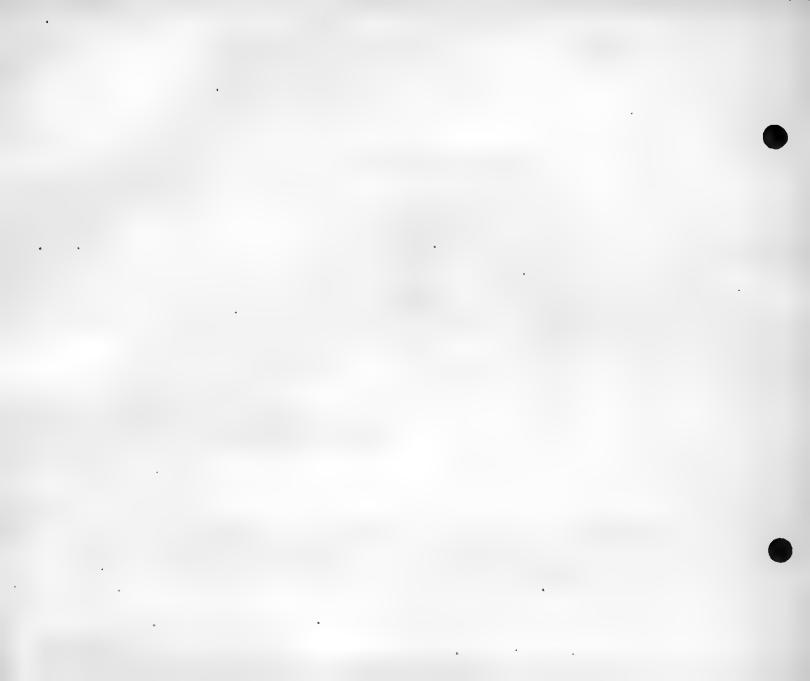


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH USUAL RESIDENCE (Where deceased lived of institution. Residence before admission o. STATE Maryland n COUNTY b. COUNTY Baltimore Baltimore æ MARYLAND c City OR TOWN (If autside carparate limits, write RURAL and give nearest town) b CTY OR TOWN (If outside corporate limits CLENGTH OF STAY IN TH wate RURAL and give nearest town) 36 yrs Dundalk d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs Item 18. Give Pages 1, Apt. # 5 Dundalk Apartments..... 37 Shipping Place 21222 Res. N0353 24 hours after death. 3 NAME OF Middle First 4 DATE Month DECEASED (Type or print) MARY OF DEATH Herman May 7-66 id "pending" in pencil in Item 18. Givi Chief Medical Examiner's Office al<u>ang</u> 9 AGE (In years IF UNDER 1 YEAR 5 SEX 6. COLOR OR RACE 8 DATE OF BIRTH F UNDER 24 HRS 7 MARR(ED NEVER MARRIED locy o rthdoy) July 26- 1895 White Female. WIDOWED D VORCED event l and 2 11 BIRTHPLACE (State or fore an country) 100 USUAL OCCUPAT ON (Give kind of work dane 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even it retired HOUSEwife U.S.A. INDUSTRY New York pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME he executed within Theophilus Borden Lola Borden oug 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address burial, cremation, or remayal. (Yes, no, ar unknown) (If yes give wor ar dates of service) No Husband. Mr. Paul Herman. # 2,a,b,c,d. IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), god (c) ) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: ONSET AND DEATH Cleusian IMMEDIATE CAUSE (a) This certificate should please execute the certificate, writing the ward DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? 5 may be retained for your mes.

TO FUNERAL DIRECTOR: Page 3 should be to Health or its designated agent, prior to 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part I of Item 18) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH TIME OF INJURY Month, Doy, Year, 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home farm. (City or fawn) (Stote) Not While ot work 21. I certify that I took/charge of the remains described above, held an Autopsy Inspection Inquiry Inquiry and in my opinion the funeral director. death resulted from: Notura causes of Accident . Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER LLO ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR May 9- 1966 Theodore C. Patterson, M.D. 105 Manness Firet Dundel Keny Md. 21222 **EXAMINER'S** NAME (Type) 23d LOCATION (City or Town) 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, (County) BUT REMOVAL (Specify) May 11- 1966 Baltimore National Catomsville, Md. 21228 24 FUNERA DIRECTOR JOHN J. DUDA, Dundelk, Maryland 21222 250 REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15ME S DATE MAY 10 Ochanley 1966



1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
<u> </u>	C6549 CERTIFICATE OF DEATH 06534
hours after death d in by the funeral ris. Pages of And 2	PLACE OF DEATH a. CDUNTY  Baltimore  MARYLANO  D. COUNTY  Baltimore  MARYLANO  MARYLAN
in by the hours aff	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Catonsville  C. LENGTH OF STAY IN 1b  C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  Baltimore
24 fille ape ape	d. Name of Höspital or Institution (If not in hospital, give street address)  d. STREET ADDRESS  Forest Haven Nursing Home  817 N. Port Street  on A FARN  YES NO
executed within 2. and completely fill remove carbon par	NAME DF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) RUDOLPH HERMAN DEATH MAY 6, 19 66
xecuted and corr emove (	male white whowed by Divorced 4/10/1888  6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. CATE OF BIRTH  9. AGE (In years   IFUNDER 24   10   10   10   10   10   10   10   1
	Painter  10. KIND DF BUSINESS DR INDUSTRY  Painter  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN DF WHAT COUNTRY?  COUNTRY?  Beth. Steel  12. CITIZEN DF WHAT COUNTRY?  CZECHOSlovakia  13. A.S.
certificat ding phy Then p	3. FATHER'S NAME  unknown  unknown
eath ce attend ermit.	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address (15 yes give war or dates of service) 217-20-3419 Henrietta Lhotsky, neice, above
inw requires that the death certificate be tending physician as been signed by the attending physician as the burial-transit permit. Then please orior to burial, cremation, or removal, and the state of the state o	18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. OEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  ### ### ############################
The last or att	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONGIVEN IN PART I(a)  19. WAS AUTOP PERFORMED YES ND  20a. ACCIDENT WAS UNDERLYING TO CAUSE DE DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)  19. WAS AUTOP PERFORMED YES ND  19. WAS AUTOP PERFORMED YES ND  19. WAS AUTOP PERFORMED YES ND  10. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)
PHYSICIAN the hospita this certiful detached f	
on by the After this details State Di	20c. TIME DF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY(Home, farm, factory, street, office bldg., etc.) PLACE OF INJURY(Home, farm, factory, street, office bldg., etc.) PLACE OF INJURY(Home, farm, factory, street, office bldg., etc.)
AL OR ATTENI ay be retaine L DIRECTOR: mage 3 shoul filed with the	21. I certify that (I) (this hospital) attended the deceased from
TO HOSPITAL Page 4 may TO FUNERAL director, ma	NAME (Type) Or. John H. Shaw 5800 Edmondson Ave. [1] 12 A. Shaw 5800 Edmondson Ave. [1
VR AIS (4)	4 Schilding Funeral Home, appress 2501 E. Madison St. 250. REGISTRAR 250, REGISTR



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



7		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18													
1	1	06542				CERTIFI	CAT	E OF D	EATH	ţ		Reg. Dis	ır. Ngi 🧲	530	6
1)	P	LACE OF DEATH	lore			MARYLAN	ll ll	USUAL RESID	land	ere deceased	d lived If institute  b. COUNTY	on. Resident	ce before o	dmission	
	b	CITY OR TOWN I	(If outside corporate timi legrest town)	ts, write	LENGTH	OF STAY IN	Ь	c. CITY OR T			rate limits, write R				_
	d	NAME OF HOSPI	TAL (If not in hospital gomebury A	ive street od	ldress)			d. STREET AI 296 B		sbury	Ave.			S RESIDE	RM?
3	- 0	AME OF ECEASED Type or print)	PABEL			Middle		Lost		4. DATE OF DEATH	May	25	Doy I96	Yeo	923
5	5 \$1	*	6. COLOR OR RACE	7. MARRIE	D NEV	ER MARRIED [		Peb.		[895	9 AGE (In years lost birthdoy) 7 I yrs.		1 YEAR IF	UNDER 2	HRS. Mir.
1	0a.	USUAL OCCUPATE during most of wor Housewi	ON (Give kind of work of king life, even if retired	done 10b. KI				11. BIRTHPL		or foreign of		12. CITI	ZEN OF W	HAT COU	INTRY?
1	3. F	ATHER'S NAME Charles					1	4. MOTHER'S							
1	S. \ [Yes,		ER IN U. S. ARMED FOR (If yes, give wer or dates of a		OCIAL SEC	URITY NO.	INFO Rob	ert R	. Но	lland	I ZOO		ndso	n	
=	Ī		ATH [Enter only one co ATH WAS CAUSED BY IMMEDIATE CAUSE (o		for (o), (b	). ond (c) ]	Ent.	- Ca	rdio	Vase	Rand	7	INTERV	A. BETW	EEN
:		Conditions, if a gove rise to it couse (a), stating lying couse lost.	DUE TO ony, which ) immediate the under-		Tres	luss	cele	erosis		7	coean	2			
O LA	AIION		ER SIGNIFICANT CON	DITIONS CO	INTRIBUTION	G TO DEATH	4 4/	T RELATED TO	THE TERMIN	NAL DISEAS	Manage Control	/EN IN PART	1 1	ERFORM	TOPSY LED?
	5	200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b DESCR	IBE HOW	INJURY OCCU	IRRED, (E	inter noture of	f injury in f	art I or Por	t II of item 1B.)				
0.00	MEDICAL	Oc. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Yes	while	URY OCCU	hile	PLACE foctory	OF INJURY (I	Home, form bldg., etc.	20f. (City	or town)	{(	County)		(State)
		alive an 22	hat I attended the	deceased	/ /	July and thousa	27 ath oc	, 19 <i>54</i> courred at	300 A.		the causes ar		e date s	DATE S	ibave.
1		ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	HARRY	X	INIF	P. MI.	M.D >,	. 411 U	Gal	Vime	re 29	Sud	Í	- 25	7-6 G
2	_	BURIAL, CREMATIC		66	22c. KAM	e of CEMETER	Y OR CI	REMATORY		1.1.	MON (City hown,	or county)	ne	(State)	
2	3	WITAKE	Wille 4101	Edi	nond	son Av	70.		240 REC'D	BY REGIST	966 24b 866	STRAR'S SIGN	SHOUSE	gr.	
3 -	-				-										



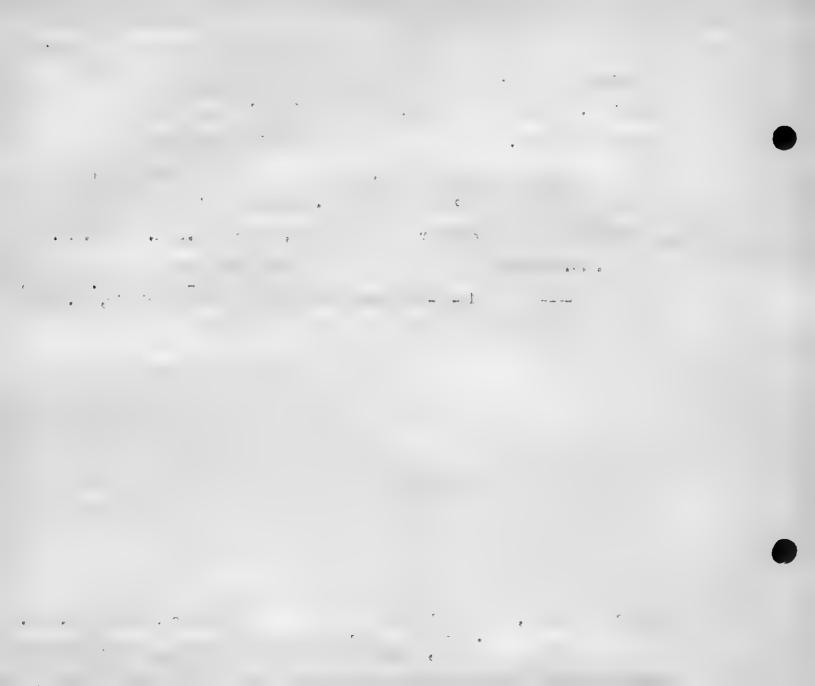


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 24 hours after death, PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Regidence before admission) Baltimore Baltimore b. COUNTY a. STATE Paryland completely filled in by the 1 ve carbon papers. Pages 1 event, within 72 hours after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and, give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Ashland Ashland (ockeasville)

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) (ockeusville d. STREET ADDRESS e. IS RESIDENCE ON A FARMS Ashland Road Ashland Koad YES ND C executed within 3. NAME DE Middle DATE Year Last 4. Month Day DECEASED Stewart L.S. Hollingshead 18. 19 (Type or print) DEATH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED геточе last birthday) Months I Hours any and WIDDWED eb. Vale DIVORCED [ 12. CITIZEN OF WHAT 5 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) ician esse E during most of working life, even if retired) death certificate be INDUSTRY Penn. R. R. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending primit. Then or remby Sarah Hitchcock Isaac Hollingshead 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN 16. SOCIAL SECURITYNO. Address the attemit. ь Family Records No None cremation, 18. CAUSE OF DEATH [ Enter only one cause NTERVAL BETWEEN signed by t∎ ourial-transit per line for (a), (b), and (c) PHYSICIAN: The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) burial-t burial, DUE TO Cenditions, if any, which the birt to birt gave rise to immediate DUE TO cause (a), stating the for use as the Health prior t underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? c∎rtificate YES T NO F this cerum detached for 20a. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) (County) (State) 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While O HOSPITAL OR ATTENDING p.m. at work at work should 3 should with the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: saw the deceased alive-or M. from the causes and on the date stated above. and that death occurred at a 22a. SIGNATURE filed ATTENDING MED STAFF PHYS. PHYS. DIRECTOR director, pa PHYSICIAN'S 22d. ADDRESS 22c. should be NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Memorial Park Parkville, Maryland preland YINION REC'D BY REGISTRAR! 25b. 24. FUNERAL DIRECTOR 1966 VR A15 (4) 2DM 1/65



	CS544 CERTIFICATE OF DEATH	06538
,	1. PLACE OF DEATH  a. COUNTY  2. USUAL RESIDENCE (Where deceased live as COUNTY)  b. COUNTY	d, If institution: Residence before admissio
-		COUNTY Harford
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	write RURAL and give nearest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS	To be
l	Alid on to on a	e. IS RESIDENCI ON A FARMI
ı	3. NAME OF	Month Day Year
	(Type or print)  Elizabeth Finney Hopkins,  OF DEATH  Ma	
-	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED     8. DATE OF BIRTH 9. AGE (In	years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Roma la White	day) Months Days Hours Min.
ŀ	1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if relied) 1Db. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (County & State, or foreign countries)	intry) 12. CITIZEN OF WHAT COUNTR
2	Housewife Homemaker Bel Air, Harford Co., M	d. U.S.A.
	13. FATHER'S NAME	
_	J.T.C. Hopkins Amanda Evans Wyli	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Daughter) 838_667  (Yes, no. or unkown) (Ifyesgive war or dates of service)  214_46_8965 Miss Amende Wyl is Honking	7° 141 N. Main St.
-	No 214-46-8965 Miss Amanda Wylie Hopkins  18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).	Del Air, Md-21014
	PART I, DEATH WAS CAUSED BY.	ONSET AND DEATH
	260 X DUE TO	Burker
ı	Conditions, if any, which \ (b) A A SCV. D.	20+44-1
	gava rise to immediata cause (a), staling the underlying DUE TO	
	cause last. (c) laboles Mellelese.	7 -44.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION  2Da ACCIDENT WAS UNDERLYING  2Db. DESCRIBE HOW INJURY OCCURRED, (Enter nature of in ury in Part I of Part II of Hem 11 Off CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINE)	YES 🗍 NO 🛣
2000	2Da ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURRED, (Enter nature of in ury in Part I or Part II of Item 31 OR CONTRIBUTING   CAUSE OF DEATH	0.)
91414	Hour s.m. While Not While factory, alreet, office bldg., stc.)	(County) (State)
3		20 10(61.00(1)
	21. I certify that (I) (this hospital) attended the deceased from 4/13	7.0, 1966, that (I) (we) la
	22a. SIGNATURE	22b. DATE
	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGN
	22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS	25:
l.	1/t. Chase II.	Dellinion 2. Ma
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Cit REMOVAL (Specify)	
	Burial May 23, 1966 Darlington Cemetery Darlington	, Harford Co., Md.
13	24 FUNERAL DIRECTOR'S SIGNATURE W. Broatway & Williams 258, REC'D BY REGISTRAR 256	
r	Bol Air. Maryland 21014 MAY 2 3 1966	Milarles Judges



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY Pages 1 Baltimore Maruland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b carbon papers. Pagent, within 72 hours Pikesville = e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? 3400 Old Post Drive 3400 Old Post Drive YES ND X within etely 3. NAME OF DATE Month First Middle Last Day Year DECEASED HORWITZ DEATH MAY 20,1966 19 (Type or print) IDA AGE (In years) IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 5. SEX 5. COLOR OR RACE ешоле 7. MARRIED NEVER MARRIED □ last birthday) Days Months i WIDOWED X DIVORCED [ Fomalo Ξ 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 등 during most of working life, even if retired) INDUSTRY CDUNTRY? New York City USA Housewike Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PHYSICIAN: The law requires that the death certifieral removal Then Isaac Siegel Kau Anna 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. Address ed by the attence transit permit. (Yes. no. or unknwn) | (If yes Bive war or dates of service) Same Mrs. Bernice lebow--18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) been signed the burial-transtrant to burial, cra DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. 33 CERTIFICATION 19. WAS AUTDPSY PART 11. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Heafth PERFORMED? certificate YES ND F is ceretached for 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part |) of (tem 18.) 20a. ACCIDENT WAS UNDERLYING [ DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) (County) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 120e. PLACE DF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While While p.m. 19 at work at work b മ 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: and that death occurred at 7:30 M. from the causes and on the date stated above. 3 showith saw the deceased alive on. DATE SIGNED 22a. SIGNATURE page ATTENDING. M.D. DIRECTOR PHYS. fo FUNERAL director, pa should be fil O HOSPITAL PHYSICIAN'S 22d. ADDRESS 22C. NAME (Type) Irvin Sauber Park Heights BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY DR CREMATORY LOCATION (City, town or county) (State) 23c. REMOVAL (Specify) Baltimore. Maruland Hebrew Friendship BURTAI 24. FUNERAL DIRECTOR REC'D BY REGISTRAR! 25b. 6010 1966 VR A15 (4) 20M 1/65



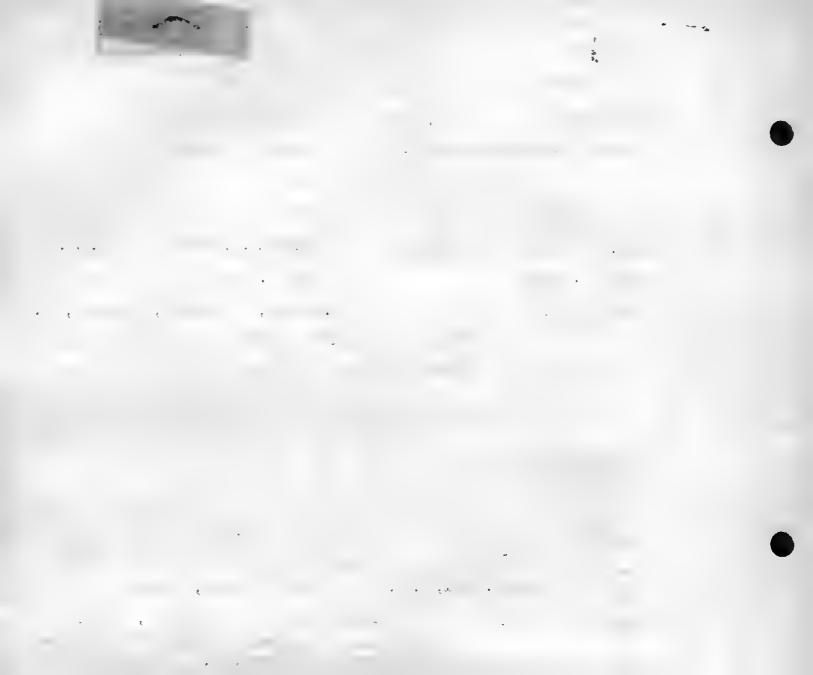
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 26546 CERTIFICATE OF DEATH executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a COUNTY a. STATE b COUNTY MARYLAND vithin 72 haurs after c LENGTH OF STAY IN 15 CITY OR TOWN (If affiside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest tawn! filled in by DaerSTO d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) SUMIC YES 🔲 NO TV 110 NAME OF Middle 4. DATE Manth Last Day Year DECEASED 0F Watd Tay 19 66 Car (Type ar pont) DEATH S SEX COLOR OR RACE 7 MARRIED NEVER MARRIED AGE (in years IF JNDER YEAR IF UNDER 24 HRS b rthday) ( last Months Days Haurs IX WIDOWED DIVORCED 10b. KIND OF BUSINESS OR IDo USUAL OCCUPATION (Give kind of work done I TUBIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT requires that the death certificate be and in during mest of working life, even if retired) INDUSTRY COUNTRY 2 please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME n signed by the attending physe burial-transt permit. Then poburial, cremation, at remayal trematian, ar remayal, US WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address (Yes, na, ar unknown) (If yes give wor ar dates at service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse pen line for (o) and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) by the haspital or attending physician. **DUE TO** Conditions, if any, which gave (b) rise to immediate couse (a). DUE TO stoting the underlying couse as the has been last. ATTENDING PHYSICIAN: The low 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION be detached for use State Dept. of Health NO X YES O FUNERAL DIRECTOR: After this certificate ģ 20g ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year (City or town) (County) (State) Haur a.m. foctory, street, office bldg , etc.) While Nat While 2]. I certify that (!) (this haspital) attended the deceased from from 19 66 that (I) (we) lost be retained shauld director, page 3 should should be filed with the 19 66, and that death accurred at 12. A M, from couses and an the date stated above saw the deceased alive on. 22o. SIGNATURE **DATE SIGNED** ATTENDING M D. PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION 23b. DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) -REMOVAL (Specify) Le Me 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR CARLA KO 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/665



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06547 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, finst tution Residence before universion delay ), nd 3 ta Page o. COUNTY b. COUNTY g death Baltimore MARYLAND Marvland Baltimore b CTY OR TOWN (If autside carparate mits, C LENGTH OF STAY IN 1b c CITY OR TOWN (If outside carparate limits, write RURAL and give negrest tawn) PM3 write RURAL and give nearest town) ofter 1 Baltimore - Rural (Essex) d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE De hours ON A FARM? Martin's Lagoon - Essex, Maryland 530 Compass Road Pages ote YES NO 3. NAME OF Last 4 DATE 72 JEROME Manth Day LEWIS 5 DECEASED OF within JERRY HOYLE (Type or pont) 24 19 66 ÷ DEATH Mav with S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH AGE (in years IF UNDER 1 YEAR JE UNDER 24 HRS last birthday) Manths Days WIDOWED DIVORCED Male. White Office and 2 event 10a USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR BIRTHPLACE\_(State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **NDUSTRY** any .⊆ pages Examiner pencil 13 FATHER'S NAME Ξ. pup 00 -IS WAS DECEASED EVER NUS ARMED FORCES?
(Yes, na, ar unknown) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO 17 INFORMANT be executed Address Chief Medical permit remaval. 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ONSET AND DEATH Drowning ь certificate should the ward cremation, DUE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause o used as burial, c (c) WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) FICATION YES KI NO the certificate, 0 pe 20a EXTERNAL CAUSE WAS PRIMARY La or CONTRIBUTING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port or Part 1 of item 18.) prior should CERT shauld Apparently drowned while swimming CAUSE OF DEATH agent, I CAI 20e PLACE OF INJURY (Hame, form, 20c TIME OF NJURY Manth, Day, Year 20d INJURY OCCURRED (City or town) (County) (State) factory, street, office bida., etc.) Not While FUNERAL DIRECTOR: Page 19 66 Baltimore -Baltimore, Md. Lagoon please execute at work at work designated 2). I certify that I taak charge of the remains described above, held an Autopsy [X], Inspection . Inquiry F and in my apin an director death resulted from: Accident X Natural causes Suicide 1 Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAMINER [X SIGNATURE funeral Breitenecker, 5/25/66 Rudiger DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health 1 NAME (Type Address (Street, city, tawn, ar county) 230 BUR AL, CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION (City or Tay 0 REMOVAL (Specify) FUNERAL DIRECTOR 25a REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15ME (5) 1966 6M 1/66



1 (1/1)	-	Division of STATIST	ICAL RESEARCH AND RECORDS, 301	W. PRESTON STREET, BALTIMOKE, NE CYLAND	21201
~ 5		06548	CERTIFICATE		6542
ove, gibon papers. Pages I and 2 v event, within 72 hours ofter death		PLACE OF DEATH  O. COUNTY  BALTIMORE	MARYLANO	2. USUAL RESIDENCE (Where deceased lived, if Institution Res o. STATE MARYLAND b COUNTY	sidence before admission)
ours on		b CITY OR TOWN (f autside carparate limits write RURA, and give nearest town) FORT HOWARD	17 DAYS	c. CITY OR TOWN (If outside carparate 1 mits, write RURAL and BALTIMORE 21226	
7		d NAME OF HOSPITAL OR INSTITUTION (IF not VETERANS ADMINISTR		d street address 1625 SPRUCE STREET	e is residence on a farm? Yes \ no \_
			RROLL CHARLES	Lost 4. OATE Month OF DEATH MAY	Day Year 3 19 66
	N	SEX 6 COLOR OR RACE WHITE	7 MARRIEO  NEVER MARRIED  8 WIDOWED DIVORCED	14/26/97   last birthday)   Mant	
	dur	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) BAKER	10b. KIND OF BUSINESS OR INDUSTRY  BAKERY	BALTIMORE, MARYLAND	COUNTRY?
		CHARLES C. HURTT		14. MOTHER'S MAIDEN NAME ANNA T. PIECEY	
burial, cremotian, ar removal, ond .n of	()	was deceased ever in L. S. ARMED FORCES? is, na, ar unknown) (Iff yes give war or dates af	service	N.RECORDS, VA HOSPITAL, FI H	
		18. CAUSE OF DEATH (Enter only one cous PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (	CARCTROMA MORCETTE LE	ITH METASTASIS TO RIGHT LUNG	NTERVAL BETWEEN CUNKING WATH
		I nto to immediate raile (a) f	BRONCHOPNEUMONIA		DAYS
			(c)		IS DUC AUTORY
yd.,	CERTIFICATION			HE TERMINAL OISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES 1 NO
		20g ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		Enter nature of injury in Port I or Part II of Item 18 )  E OF INJURY (Hame, farm, 20f, (City or town)	26
	MEDICAL	20c. TIME OF INJURY Month, Ooy, Year Hour a.m. p.m. 19	While Not While focto	ry, street, affice bldg., etc.)	(Caunty) (State)
		saw the deceased alive an		death occurred ot3-15PM, from causes and a	19, that (t) (we) last on the date stoted above.  b. DATE SIGNED
should be filed with the		22c. PHYSICIAN'S	493 M.D	ATTENDING - MED STAFF -	5/3/66
an pin	230	NAME (Type) HAROON  BURIAL CREMATION, 23b OATE THEI	M. QAZI, M. D.  REOF 23c NAME OF CEMETERY OR C	VAH FORT HOWARD, MARYLAND REMATORY 23d. LOCATION (City or Town)	(County) (Stote)
St.	L	REMOVALISPECITY May 6.	1966 BALTIMORE		RYIAND
B			GEORGE J GONCE	Y BATTAMORE MD	and and



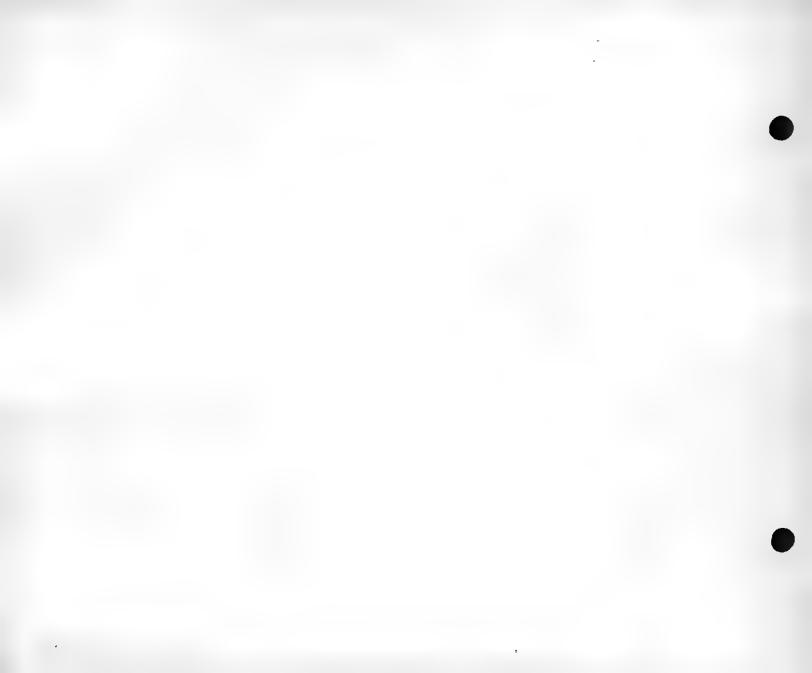
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06549 đềnh. requires that the death certificate be executed within 24 haurs after death empletely filled in by the funeral 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission PLACE OF DEATH a. COUNTY o. STATE b. COUNTY MARYLAND BALTIMORE MARYLAND b. CiTY OR TOWN (If autside corporate limits, write RURAL and a ve nearest tawn) t LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 64 DAYS BALTIMORE - 21229 FORT HOWARD d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 264 S. Louden Avenue VETERANS ADMINISTRATION HOSPITAL YES NO X NAME OF 4. DATE Middle Month Day DECEASED 66 MAY F. HUTCHINS 19 (Type or print) ALBERT DEATH IF UNDER I YEAR IF UNDER 24 HRS 5 SEX 66(In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 1900 Months Hours MARCH 8. WIDOWED DIVORCED WHENIE MALE 11, BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY the attending physician BALTIMORE, MARYLAND CITY OF BALLIMORE 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME ROBINETTE MN: XSCROLL SCHOOL ROBERT HUTCHINS 17. INFORMANT MRS IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. IRENE HUTCHINS 264 S. LOU-(Yes, no, or anknown) (If yes give war or dates of service) CLIN. RECORDS, VA HOSPITAL, FT HOWARD, 216 01 72 55 YES 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p PART I DEATH WAS CAUSED BY CARCINOMA OF LARYNX IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO storing the underlying cause O FUNERAL DIRECTOR: After this certificate has been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CFRTIFICATION NO TA 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port | or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While 3/24/66 . 19 2). I certify that (4) (this haspital) attended the deceased fram saw the deceased alive an 5/27/66 19 and that death accurred at 5:00AM, fram causes and an the date stated above 22b DATE SIGNED 220. SIGNATURE STAFF PHYS. 5/27/66 DIRECTOR M D 22d ADDRESS 22c. PHYSICIAN'S VAH FORT HOWARD, MARYLAND NAME (Type) MILITON GINSBERG, M. D. director, shauld k 23b DATE THEREOF 23d LOCATION (City or Town) 230 BUR AL, CREMATION NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) BALTIMORE, MARYLAND 5-31-66 BALTIMORE NATIONAL 2Sb REGISTRAR'S SIGNATURE HUBBARD FUNERAL HOME 250, REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

. . . . . . . .

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, 1f institution: Residence before admission) e. COUNTY b. COUNTY BALTIMORE MARYLAND Department after death. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b c. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) FORT HOWARD 15 DAYS BATTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State hours VETERANS ADMINISTRATION HOSPITAL 607 N. DENNISON STREET NO A 3. NAME OF First Middia Last 4. DATE Month Year DECEASED the JACKSON MAT.T.TTW HENRY 3 1966 MAY (Type or print) DEATH 2 with Pages 1, 5. SEX 6. COLOR OR RACE OATE OF BIRTH AGE (in years | IFUNDER 1 YEAR | IFUNDER 24 HRS 7. MARRIEO 8. **NEVER MARRIED** birthday) BAT Months Days Hours MALE NEGRO MAY 8, 1921 WICOWEO S DIVORCED event 10e. USUAL OCCUPATION (Give kind of work done 10b, Kano OF BUSINESS OR ducing most of working life, even if retired) INOUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
TRUCK DRIVER ANNE ARUNDEL CO... any MARYLAND U.S.A INUCK alough ING pages in any 13. FATHER'S NAME MOTHER'S MAIDEN NAME EXAMINER. This certificate should be executed within 24 hou are certificate, writing the word "pending" in pencil in Item should be forwarded to the Chief Medical Examiner's Office 045 her File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addresa (Yes, no, or unkown) (If yes give war or dates of service)
YES | WW-11 permit. I 215 16 1051 CLIN. REC. VAH. FT HOWARD. CAUSE OF DEATH [Enter only one cause pay lipe for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) used as a burial-transit to burial, cremation, or DUE TO MYOCARDIAL INFARCTION Conditions, if any, which (b). gave rise to immediate DUE TO cause (a), stating underlying cause last. NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTDPSY PERFORMED? CERTIFICATI YES A NO 3 should be agent, prior t 20a. EXTERNAL CAUSE WAS OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d, INJURY OCCURRED 12De PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bidg., etc.) Hour e.m. While Not While at work | at work DIRECTOR: Page r its designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Suicide Homicide Undetermined manner Accident for your CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR M.D. 5 FUNERAL I DEPUTY MEDICAL EXAMINER please ex director. retained **EXAMINER'S** HAME (Type) Address (Street, city, town, or county) 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION. 23b. **OATE THEREOF** NAME OF CEMETERY OR CREMATORY 0 0 (Specify) BALTIMORE, MD. BALTIMORE NATIONAL 1966 REGISTRAPE SI **FUNERAL DIRECTOR** ADDRESS REC'D BY REGISTRAR Morten & Dyett Funeral Home VR ALSME (5) 1701 Laurens St. Baltiffice Md 1/65

3 18.75

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06551 FOR STATE HEALTH DEPI PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) COUNTY a. STATE b. COUNTY l 3 ta Page Baltimore ŧ after death. Mary land MARYLAND Deportment b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (floutside corporate imits write RURA, and give nearest town) gud write RURAL and give nearest town) Baltimore OWSON - 4 d NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? haurs along with farm 228 S. Highland Ave. St. Joseph Item 18. Give Pages ate YES 🗍 NO F 24 hours after death. 3 NAME OF First Middle 4 DATE Last Doy DECEASED OF Α. Margarete Johnson within 14 66 (Type or print) DEATH 19 5 SEX 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE IF UNDER 24 HRS 7 MARRIED X NEVER MARRIED last birthdoy) Months Haurs Nov. 15. 1942 WIDOWED DIVORCED IDo USUA, OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR 11 BIRTHPLACE (State or fare an country) 12 CIT ZEN OF WHAT during most of working the even if retired)
Housewife COUNTRY 2 Baltimore. Maryland QUÀ Own Home pencil 13. FATHER'S NAME 14. MOTHER'S MA DEN NAME be executed within ⊆ Geneva George Stephen Kovach guo 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, gp. or Linkhown) (If yes give wor or dotes of service) ar remaval. 228 S. Highland Ave. Edward J. Johnson 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cerebral edema, severe IMMEDIATE CAUSE (a) .. This certificate should writing the ward burnal, crematian, DUE TO should be farwarded to the Conditions, if any, which gave Brain tumor rise to immediate cause (a), DUE TO stoting the underlying cause last. S 19 WAS AUTOPS PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) WEDICAL CERTIF CATION please execute the certificate, YES ... NO p 200 EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter notice of niury in Port or Port II at item 18.) designated agent, prior CAUSE OF DEATH 2Dc. TIME OF IN JRY Month, Day, Year 2Dd IN, JRY OCCURRED 2De PLACE OF INJURY (Home tarm. (City or town) (Cauaty) (Stote) factory, street, office bldg. etc.) While Nat While FUNERAL DIRECTOR: Page of wark ot work 21. I certify that I taak charge of the remains described above, held an Autapsy [x], Inspection [], Inquiry far and in my apinian death resulted fram: Natural causes Accident Suicide . Hamicide Undetermined manner reta ned CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 5 may be 10 FUNERAL Health or 1 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Rudiger Breitenecker 5/15/66 NAME (Type Address (Street, city, town, or county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 230 BURIAL, CREMATION, (County) (State) Burial (Specify) 5-17-1966 Baltimore, County, Maryland Sacred Heart 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATUR VR A15ME (5) 1901 Eastern Ave. Lilly & Zeiler Inc.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 6552 requires that the death certificate be executed within 24 haurs after death. by the funeral Pages 1 and 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY o. STATE **b** COUNTY BALTIMORE MARYLAND MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1h b. CITY OR TOWN (If autside carporote limits, RURAL god give negrest town)

HOWARD FORT 1 DAY BALTIMORE 21225 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 1043 QUANTRIL WAY VETERANS ADMINISTRATION HOSPITAL YES NO X pan 3. NAME OF First Middle 4. DATE Lost Manth Day Yeor DECEASED THOMAS M. MAY 66 (Type or print) .TOHNSON DEATH 19 IF UNDER I YEAR IF JNDER 24 HRS 5 SEX DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED Months birthdoy) Doys Hours 3/22/1900 DIVORCED MALE WHITE 1Do USUA, OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR 11 BIRTHP, ACE (County & State, or foreign country) 12 CIT ZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY lease; BALTIMORE, MARYLAND PAINTER attending physic permit. Then ple ian, ar remaval, c 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHARLES JOHNSON GINNY MN: UNKNOWN 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor ar dates of service) 217 03 17 65 CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DANSEE AND DEATH -transit PART I DEATH WAS CAUSED BY THROMBOSIS OF LEFT MIDDLE CEREBRAL ARTERY IMMEDIATE CAUSE (o) Ś. DUE TO signed I burial YEARS ARTERIOSCIEROTIC VASCULAR DISEASE Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause FUNERAL DIRECTOR: After this certificate has been the Health priar to WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES 🔼 NO و 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 2De, PLACE OF INJURY (Home, form, 2Df. (City or town) (County) (Stote) foctory, street, affice bldg., etc.) Not While at work 21. I certify that 20) (this haspital) attended the deceased from saw the deceased glive an . 5/25/66 19 ... and the 24766 ta. and that death accurred at : 10P M, from causes and on the date stated above saw the deceased alive an-22b. DATE SIGNED 22o. SIGNATURE ATTENDING 5/25/66 M.Ď DIRECTOR PHYS director, page, 22d. ADDRESS 22c. PHYSICIAN'S KALMUTZ, M. D. E. SHELDON VAH FORT HOWARD, MARYLAND NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF BURTACE ITY BALTIMORE, MARYLAND LOUDEN PARK NATIONAL 25h REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR FUNERAL HOME 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 /66 Items MEDICAL EXAMINER'S CERTIFICATE OF 06553 FOR STAFF HEALTH DEF PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, funstitution, Residence before admission o COUNTY o. STATE 3 ta Page **b** COUNTY Baltimore 0 Maryland death. MARYLAND Baltimore partment b. CITY OR TOWN (If outside corporate limits c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest town) dud owings Mills after years Owings Mills a NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? form 8 hours Timber Grove Road Timber Grove Road Item 18. Give Pages ate No Ta after death. alang with NAME OF 4 DAT(Found) Month First Middle Lost Dov Year within 72 DECLASED MAMIE JOHNSTON May 26 19 66 (Type or print DEATH S SEX R DATE OF RIGHTH LOOU AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED IF LINDER 24 HRS birthdov) 20.1/886 Months May Female White WIDOWED DIVORCED 24 haurs event Office gud The HSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired) **INDUSTRY COUNTRY?** West Virginia U.S.A. AUD Housewife 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME This certificate should be executed within pencil S Unlerown Sally Ann Pierce Chamblain Exami James E. œ. and 프 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT South Afton Ct. permit (Yes, no ar unknown) (( fiyes a ve war or dates of service) "gnibnad" remayal. John Johnston Hanover. No Marvland 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) NTERVAL BETWEEN **burial-transit** PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (0) Arteriosclerotic Cardiovascular Dimease. Б e, writing the ward farwarded ta the Cl cremation, DHE TO Conditions, if any, which gave (b) rise to immediate couse (o). DUE TO ь stoting the underlying couse 20 burial, a used PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? please execute the certificate, YES X NO 10 e 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of inury in Port I or Port II of item 18) agent, prior plnous PRIMARY Or CONTRIBUTING EDICAL EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d NJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour om Not While foctory, street, office bldg., etc.) may be retained far your FUNERAL DIRECTOR: Page of work designated 21. I certify that I took charge of the remoins described above, held on Autopsy [X], inspection Inquiry ond in my opn on deoth resulted from. Natural causes x Accident Suicide the funeral directar. Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22 DATE SIGNED ¥ ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY be jo DEPUTY MEDICAL EXAMINER 5/26/66 **EXAMINER'S** Charles S. Petty, M.D. Health NAME (Type) Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (Stote) 0 REMOVAL (Spec fy) May. 28.1966 Finksburg Cemetery Finksburg. Bum i al 24 FUNERA, DIRECTO 250 RECD BY REGISTRAR VR ATSME (51) Owings Mills, Md. 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE b. COUNTY Baltimore Marylend Beltimore
c. City on Town (if outside corporete limits, write RURAL end give nearest town) MARYLANO Department after death. funeral b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1h Owings Mills vears Owings Mills d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE ON A FARM2. State hours Timber Grove Road Timber Grove Rd. EXAMINER: This certificate should be executed within 24 hours after death. If any delay, a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 should be forwarded to the Chief Medical Examiner's Office along with form PM3, Pag NAME OF Middle DATE 4. Month Year the 72 DECEASED May Louis Johnston (Type or print) Volney DEATH 19 6. COLOR OR RACE | 7. MARRIEO 0ATE OF BIRTH 2/3/1886 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED last birthday) Months | Days White Hours Male 79 WIDOWED T 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT Retired Carpen ter COUNTRY? Charlestown W. Va. any U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT permit. F (Yes, no, or unknown) | (If yes give war or dates of service) Afton Ct 218-05-285 John K. Johnston No Hanover. Marvl CAUSE OF DEATH [ Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: used as a burial-transit to burial, cremation, or IMMEDIATE CAUSE (e) Carbon Monoxide Poisoning hrs. DUE TO Conditions, if env. which (b) gave rise to immediate DUE TO cause (e), stetling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 119. WAS AUTOPSY PERFORMEO? NO X YES 3 should be agent, prior 20a. EXTERNAL CAUSE WAS PRIMARY DO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) Stuck garden hose up tail pipe of car & ren hose in car window and started car. MEDICAL 20c. TIME OF INJURY Month, Cay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (State) Hour XX. factory, street, office bldg., etc.) May 2419 66 While at work at work K CTOR: Page designated unknown<sub>p.m.</sub> home Owings Mills.Balto.. Md. Inspection X. 21. I certify that I took charge of the remains described above, held an Autopsy 17. inquiry ox 1. and In my opinion DIRECTOR: death resulted from: Natural causes . Accident Suicide X. Undetermined manner Homicide уопг CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR FUNERAL I *OEPUTY MEDICAL EXAMINER* 5-27-66 D. D. Caples, M. D., 6 Hanover Rd., Reisterstown Many please ex director. retained NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOYAL (Specify) of 28/1966 0 Finksburg Cemetery Finksburg, Md. Burial REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25a. VR ALSME (5) Owings Mills. Md.



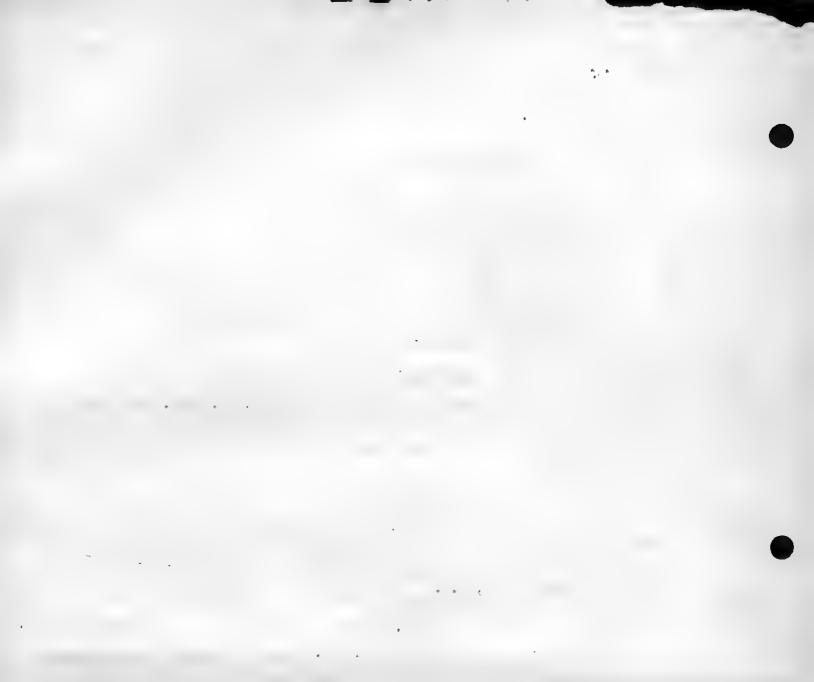
1 M	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	26555 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
EALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission)
Page lles. of of	BALTIMORE MARYLAND O. STATE MARYLAND BALTIMORE
for your files. Department o death.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
partn ath.	MIDDLE RIVE 207RS MIDDLE RIVES
0	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)  d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
the contract of	MARTIN CO. MARTIN BLUD RT 16 BOY 165 BIRD RIVER RO YES NO W
hin 72 trodrs after	DECEASED OF DESTRICTION OF DESTRICTI
₹ /	5. SEX   6. COLOR OR RACE   7. MARRIED   8. DATE OF BIRTH   9. AGE (In years IF UNDER 1 YEAR   IF UNDER 24 HRS.
1.5	M. WIDOWED DIVORCED MARCH 27 1904 (22 yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign sountry)  12. CITIZEN OF WHAT COUNTRY?
- Indiana	LAUDOT MARTIN CO. PUNDSYLVANIA. USA
ñ .	13. FATHER'S NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  AND R  Address  Address  Address
3	(Yes, no, or unknown) { (Ifyeegive war or deles of service)
9	214-14-2666 MRS GRACE MARIE JONES RT 16 BOY 165.  18. CAUSE OF DEATH [Enter only one sause per line for [a], (b), and (c).]
FUNERAL DIRECTOR: Page 3 should be used as a burial-transit perm salih or its designated agent, prior to burial, cremation, or removal, and	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OCULO COLONOCY OCCUPANO DEATH
	1/201 DUE TO 0
ب م	Conditions, If any, which (b) Coronary Order Olslase
atio	gave rise to Immediate cause (e), stating the underlying  DUE TO
cremation	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 179. WAS AUTOPSY
to burial,	PERFORMED?
5	YES NO PER 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of Injury in Part I or Part II of Itam 18.)
ž ŏ	
, prior	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, ferm, 201. [City or lown] (County) of State)  Hour em 5/3/19 64 al work at work at work at work at work
6	
8	21. I certify that I took charge of the remains described above, held an Autorsy Inspection Inquiry and in my opinion
	death resulted from: Natural causes Accident . Suicide . Homicide . Undetermined manner .
designated agent,	ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED
or its	DEDITY MEDICAL EVAMINED [2]
10	NAME (Type) THEOC. Valley W Address (Street, city, town, or county)
Health	226. BURIAL, CREMATION, 228. LETE THEREOF 226. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (State)
	BURIAL DONE 4,1966 BELAYE MEM GARDENS HARFORD MD.
ME N	23. FUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS  240. REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE  WHITE STATE SIGNATURE  1 1966   Cliantes Judge.
Me	rescent from 1 to 1 section 1991 11 36 1 miles



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 86557 requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY WICOMICO o COUNTY o. STATE BATTIMORE
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND C SENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD 7 DAYS SALISBURY d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 120 DELAWARE AVENUE VETERANS ADMINISTRATION HOSPITAL YES NOTE 3 NAME OF Middle Lost 4. DATE Year DECEASED 19 66 MAY WARNER JAMES JONES (Type or print) DEATH IF UNDER 1 YEAR S SEX IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED TT 8. DATE OF BIRTH 9. AGE (In years NEVER MARRIED Months WIDOWED NEGRO DIVORCED FEBRUARY 7. MAIR 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY U.S. WHITE HAVEN, MARYLAND U.S. POST OFFICE CUSTODIAN 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME HEIEN BRADIEY FRAMONE JONES 16. SOCIAL SECURITY NO. 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? VA HOSPITAL (Yes, no, or unknown) (If yes give wor or dotes of service) CLINICAL RECORDS FORT HOWARD, MARYLAND 217 10 36 11 YES 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) NTERVAL BETWEEN signed by the burial-transit ONSET AND DIAS PART I. DEATH WAS CAUSED BY. PULMONARY EDEMA IMMEDIATE CAUSE (o) Conditions, if ony, which gove ) UREMIA 2 MONTHS rise to immediate couse (a), DHE TO stating the underlying couse the (c) ARTERIOLAR NEPHROSCLEROSIS 3 MONTHS WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Dept. af Health HYPERTENSIVE CARDIOVASCULAR DISEASE, MALIGNANT PHASE NO A TO FUNERAL DIRECTOR: After this certificate 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. Not While factory, street, office bldg , etc.) of work 21. I certify that 1) (this haspital) attended the deceased fram MAY 18 , 19 66, ta MAY 25 , 19 69 that (4) (we) last saw the deceased alive an MAY 25 , 19 66, and that death accurred at 1:30 MM, fram causes and an the date stated abave. saw the deceased alive an MAY 22b. DATE SIGNED 5/25/66 22a. SIGNATURE ATTENDING PHYS. MED. DIRECTOR director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NEILSON NEILSON, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BUR AL, CREMATION, (County) GREEN ACRES CEMETERY SALISBURY, MARYLAND **FAINERAL DIRECTOR** JOLLY FUNERAL HOME VR A15 [4] 20 M 1/66 Jersey Rd. Rt 2, Sallsbur



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH law requires that the deoth certificate be executed within 24 hours after deoth. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) and a. COUNTY MARYLANO c. LENGTH DE STAY IN 16 corparate limits, write RURAL and give negrest town) d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE NO YES 4. DATE NAME OF Year DECEASED OF DEATH 1966 (Type or print) 9 AGE (In years IF UNDER 24 HRS S. SEX 6 COLOR OR RACE NEVER MARRIED Jast b rthday) 10b KIND OF BUSINESS OR 12. CIT ZEN OF WHAT 10a USJAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) during most at working life, even if retired) IND: STRY signed by the ottending physicion buriol-transit permit Then please PENNSYLVAN 13. FATHER'S NAME or removal GEORGE 17, INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates of service 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: NTERVAL BETWEEN ONSET AND DEATH Pnaumonia IMMEDIATE CAUSE (a). DUE TO Conditions, if any, which gave Malnutrition (b) rise to immediate cause (a), DUE TO stating the underlying couse or attending os the Geheralized Arteriosclerosis, Art. Scler. Heart Disease 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year Hour a.m. Nat While foctory, street, office bldg , etc.) Page 4 may be retained by the FUNERAL MIRECTOR: After 22, 1966, that (+) (we) last 21. I certify that (II) (this haspital) attended the deceased from JAN 19-32 . ta MAY and that death accurred at \$ 25 P M, from causes and on the date stated above. saw the deceased alive an DATE SIGNED 22a, SIGNATURE ATTENDING 5-22-66 22d. ADORESS 22c. PHYSICIAN'S Baltimore, Maryland 21228 Imre Kopits, M.D. 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify)
Burnal Mt. Carmel Cometery 5/25/66 Baltimore Md. REC'D'BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) Tipton-Eline Hampstead. Md. 20 M 1/66



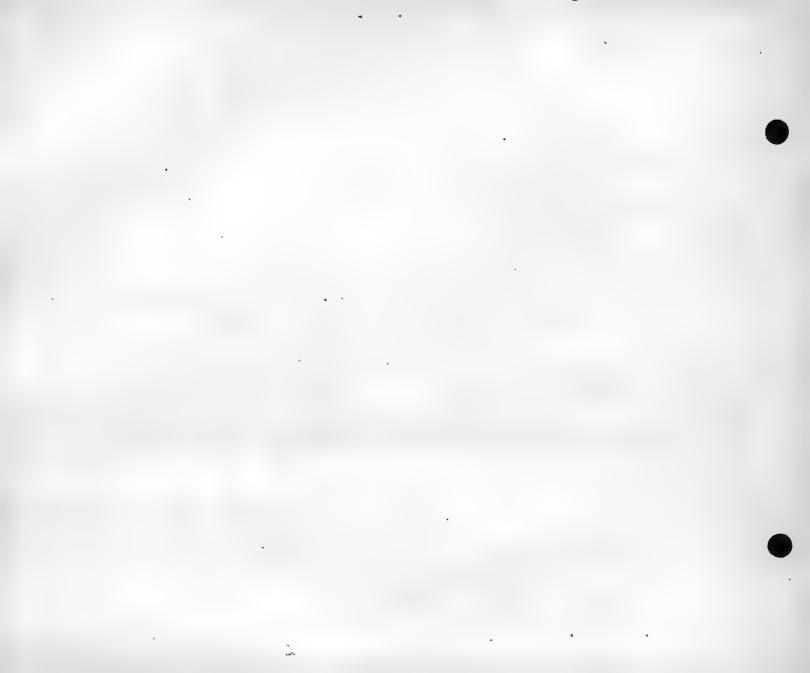
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY completely filted in by the five carbon papers. Pages 1 event, within 72 hours after a. STATE b. COUNTY b. CITY DR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLANO C. LENGTH OF STAY IN 1b write RURAL and give nearest town) awagen 9 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ACCRESS IS RESIDENCE ON A FARM? ND YES death certificate be executed within NAME OF DECEASED 3. Middle Last DATE Month Oay Year OF (Type or print) DEATH 1966 SEX and cor emove 6. COLOR OR RACE DATE OF BIRTH AGE (In years LIF UNOER 1 YEAR LIF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8 99 birthday) last Months Oays Hours WIDOWEO DIVORCED [ attending physician a emit. The prease to our cemoval and the and in 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INOUSTRY 11./BIRTHPLADE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? 3 13. FATHER'S NAM MQTHER'S 14. MAIOEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOGJAL SECURITY NO. 17. INFORMAN been signed by the attmn the burial transit permit. It to burial, cremation, or (Yes\_no, or unkown) (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. CEATH WAS CAUSED BY: D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that ti Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to Immediate OUE TO cause (a), stating as th prior underlying cause last. 20 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate which the standard for use of the alth pt. 19. WAS AUTOPSY CERTIFICAT RERFORMEO? NO T YES 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this certifuld be detached for external of the State Dept. of the state Dept. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While D.M. at work at work 3 should | with the S 21. I certify that (I) (this hospital) attended the deceased from 19 IIII CTUR: saw the deceased alive on and that death occurred at 12 CM. from the causes and on the date stated above. 22a. SIGNATURE 22h OATE SIGNED eg e A.b. ATTENOING DIRECTOR E III director, pa PHYSICIAN'S AOORESS NAME (Type) BURIAL, CREMATION 23a. OF CEMETERY OR CREMATORY 23d. LOCATION (City, Lower or county) REMOVAL (Specify) UNERAL DIRECTOR VR A15 (4) 1/65



•	1 1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
			C6550 CERTIFICATE OF DEATH A6554
	nours arter death.  1 in by the funeral rs. Pages J. and 2 rs. hours after death.	1.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, 1f Institution: Residence before admission) as COUNTY  2. STATE ( ) COUNTY
			MARYLAND MARYLAND DE T.
۲	by the Pages Jurs affei	1	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	f in by rs. Pag:		B. NAME OF HOSPITAL OR INSTITUTION Upnot in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE
	ted within 24 nour completely filled in ve carbon papers, event, within 72 hou		111. Counter Ulw. Septatel 36.25 Forest Garden Aug YES NO
:	tely on p	3.	NAME OF Service Middle Service Month Day Year
	completely re carbon event, wit	_	(Type or print) Harry 1 Seath May 5 1960
•	d conte	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNOER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
		10a	USUAL OCCUPATION (GIVe kind of work done) 10b, KIND OF BUSINESS OR 11. EVRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	and	dur	ng mode of working life, even if retired) JINDUSTRY Store Little Cussia USA
	physicia physicia n pleas val, and	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
;	n certifica tending pl sit. Then or remova	16	WAS DECEASED EVER IN U.S. ARMIO FORCES? L. 16. SOCIAL SECURITY NO. L. 17. INFORMANT Address. Frust Barder
:	that the death certificate be executed within slcian.  slcian.  med by the attending physician and completely al-transit permit. Then pleafe common carbon lai, cremation, or removal, and in an event, with	(Ye	WAS DECEASED EVER IN U.S. ARMIO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address, Following in organicown) (If yes give war or dates of serving) 6-26-365 May ) (ole + 3 torus - 3 2 5
	the the tation	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
	lifes that the deat thysician. In signed by the at burial-transit perm burial, cremation,	П	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) Outonosellentic Clybro - Vascular ducose AND DEATH
:	yslci gne gne ial-tr ial,		334X OUE TO O
	onres su si su si bur bur		gave rise to immediate (b) Circular Virguillar Certain
	law requires attending phys has been sig e as the burie		cause (a), stating the OUE TO underlying cause last. (c)
	atten atten has se as h prio	LION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	If or a ficate or use tealth	FICAT	YES NO
	OR ATTENDING PHYSICIAN: The law requires that to be retained by the hospital or attending physician. INECTOR: After this certificate has been signed by a 3 should be detached for use as the burial-transed with the State Dept. of Health prior to burial, or	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	HYSICI he hosi this ce etache Dept.		20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (State)
	ING PH by the After the be det State D	MEDICAL	Hour a.m.  p.m.  19   While at work   factory, street, office bldg., etc.)
	ATTENDING retained by CTOR: After should be vith the Stai		21. I certify that (I) (this hospital) attended the deceased from 4-26, 1966, to 5-5, 1966 that (I) (we) last
	etaii STOB Shot shot ith t		saw the deceased alive on 5 - 5 to 19 66, and that death occurred at 5 5 M, from the causes and on the date stated above 22a. SIGNATORE 22b. DATE SIGNATOR
	OR J		22a. SIGNATORE  M.D. ATTENDING MED. STAFF 5/5/6/6  M.D. PHYS. DIRECTOR PHYS.
	may tal pa pa til		22c. Physician's NAME (Type)   B   FP M 4   22d. ADDRESS & A
	TO HOSPITAL (Page 4 may a round be file should be file		L. D. LLKIIII D. V.V.
	TO HOSPITAL OR ATTENDIN Page 4 may be retained TO FUNERAL DIRECTOR. At director, page 3 should I should be filed with the S	232	REMOVAL (Specify) MG ( ) ( )
	S	24	FUNERAL DIRECTOR  ADDRESS / 25a. REC'D BY REGISTRAR'S SIGNATURE
	VR A15 (4)	1	St Housen & Brooker DATE MAY 10 1966 galantes Judge
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1 (M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
F = 7	36561 CERTIFICATE OF DEATH 06555	
after death.	1. PLACE OF DEATH a. COUNTY Baltimore  MARYLANO  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before at a. STATE b. COUNTY Maryland	dm(ssion)
rted within 24 hours after completely filled in by the ve carbon papers. Pages 1 event, within 72 hours after	write RURAL and give gearest town)  Catons ville  Baltimore	
n 24 hours y filled in by papers. Pa hin 72 hours	House in the Pines, Catonsville, Md.   Franklin Hotel   YES	FARM?
d withi mpletel carbon ent, wit	3. NAME DF First Middle Last 4. DATE Month Day Yes (Type or print) Herman Katz DF DEATH May 19	66
executed within and completely remove carbon is any event, within	5. SEX   6. COLOR OR RACE   7. MARRIED     8. OATE OF BIRTH   9. AGE (In years last birthday)   Months   Oays   Hours	Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country)  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	
certifica Iding ph Then remodes	Unknown Unknown	
e death certific the attending p it permit. Then nation, or remo	15. WAS OEGEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 216-32-9495 Mr. Jerry Sopher 353 Equitable Bldg.	#2
hat the death clan.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)   PROPERTY OF THE	TWEEN DEATH
res th physi sign surial	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  (c)	2 ′
CAN: The law requi ospital or attending certificate has been hed for use as the t. t. of Health prior to to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS ALL PERFORMANCE OF THE PERF	UTOPSY RMED? NO
ospil ospil cert hed t. of		
JING PHYSI of by the h After this d be detac s State Dep	Hour a.m.  While Not While factory, street, office bidg., etc.)  p.m. 19 at work at work	(State)
TTENDI etained TOR: A should ith the	21. I certify that (I) (this hospital) attended the deceased from 9-10-, 1965, to 3-19-, 1966, that (I) (saw the deceased alive on 5-19-, 1966, and that death occurred at 2100M, from the causes and on the date stated 22a. SIGNATURE	re) lasi d above
Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filled with the	22a. SIGNATURE  22b. DATE SIGNED  22b. DATE SIGNED  ATTENOING MEO. STAFF PHYS. DIRECTOR PHYS. D 5-20-66  22c. PHYSICIAN'S   22d. AOORESS	
O HOSPITAL Page 4 may D FUNERAL director, pa	NAME (Type) Wilmer Gallaguer 6209 Frederick Avenue-2/228 /128	tate)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	REMOVAL (Specify) 5/20/1966 He.brew Friendship Baltimore, Maryland  24. FUNERAL DIRECTOR ADDRESS   25a. REC'O BY REGISTRAR   25b. REGISTRAR'S SIGNATURE	
VR AIS (4)	Sol Levinson & Bros. 6010 Reisterstown Rd. MAY 24 1966 Jelianles Judge	h



8/ 1		1		Division of STATIS							MARYLAND	21201	
FOR ST	TATEVI	<b>y</b>	6562		MED	ICAL EXA	WINER'S	CERTIFICA	ATE OF D	EATH		0655	6
HEALTH	DEPT.		PLACE OF DEATH					2 USUAL RES	IDENCE (Where	deceosed ived, if	finstitution Re	sidence before	odm ssion)
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ter death   Give Pages ng with far	SS	3	NAME OF	Fil	rst	Middle	iome	Lost	4 1	ATE	Month	Doy	Year
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Fer G	A the second	S	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MA	RRIED	B. DATE OF BIRT	Н	9 AGE (In			F JNDER 24 HRS
24 hours ofter death in Item 18 Give Page r's Officerang with 1		I	emale	White	WIDOWED	K) DIV	ORCED 🗖	5-12-8	39	lost birtl	hdoy) Mont	ths Days	Hours Min
hour Item Office	event	10o	JSUAL OCCUPATION	(Give kind of work done	10b K	ND OF BUSINESS	OR	11 BIRTHPLA	ICE (State or for	eign country)	1	2 CITIZEN OF Y	WHAT
24 h in th		dur	ng most of working I	life, even if retired)	- 11	IDUSTRY		Balt	timore			COUNTRY?	Α.
1 2 I	pages 1		FATHER S NAME				·	14. MOTHER S					
# July	9 E		(Late)	Charles I	loetze	21		(Late	) Kath	erine			
* = X	File	15	WAS DECEASED EVE	R N U S ARMED FORCES?		SOC AL SECURITY	NO 17	INFORMANT	-		Address		
scute ing` dical	permit.	(Ye	s, no, or unknown)	(If yes give wor ar dates o	if service)		Mr	s. Mild	ired F	ranz-5	611 Oa	kland	Rd.
INER: This certificate should be executed within 24 in certificate, writing the word "pending" in pencil in second to the Chief Medical Examiner's	o burial-transit crematian, or re		18 CAUSE OF DE PART I. DEAT Conditions, if ony, rise to immediate stoting the under last.	e couse (a), (	(o) Enc. (b) Ove	(o), (b), and (c), ephaloma rdose o	alacia	tives a	nd tra	nquilli	zers		VAL BETWEEN T AND DEATH
erfi writ wal	used os buriol, a	2	PART I OTHER SIG	GNIFICANT CONDITIONS O	ONTRIBUTING	TO DEATH BUT NO	T RELATED TO	THE TERMINAL DIS	SEASE COND TIO	Y GIVEN IN PART	1(0)	19 V	VAS AUTOPSY ERFORMED?
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erfi	a should I	CERT F	CAUSE OF DEATH.	ALKIROTING 🗆	Ove	erdose d	of seda	atives a	and tra	anguill			cified)
INE Short	3 42 42	MEDICAL		IRY Month, Day Year	20d 1	NURY OCCURRED	3 20e P.A	CE OF INJURY (He	ome, form,	20f (City or 1		(County)	(Stote)
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O DEPUTY necessary, p	may be re FUNERAL eolth or it		EXAMINER'S NAME (Type)	Charles S.	Petty	7, M.D.				town, or county)			
<b>₽</b> □ 0 0 1		230	BURIAL, CREMATIO	N. 23b DATE THE			CEMETERY OR	CREMATORY	7	3d LOCATION (G	ty or Town)	(County)	(State)
10 10 10 10 10 10 10 10 10 10 10 10 10 1	∿5 ±	F	REMOVAL (Specify)	5-27	-66	Woodl	awn		4 1	oodlaw	n, Md.		
VR.	A15ME (5)	24			4101	ADDRESS		2		- Charles	256 REDSTRA		100
0.	17.00	K!	NIN	1.11.	101	U Can	-6-2-6-6	77-1		Tinna			

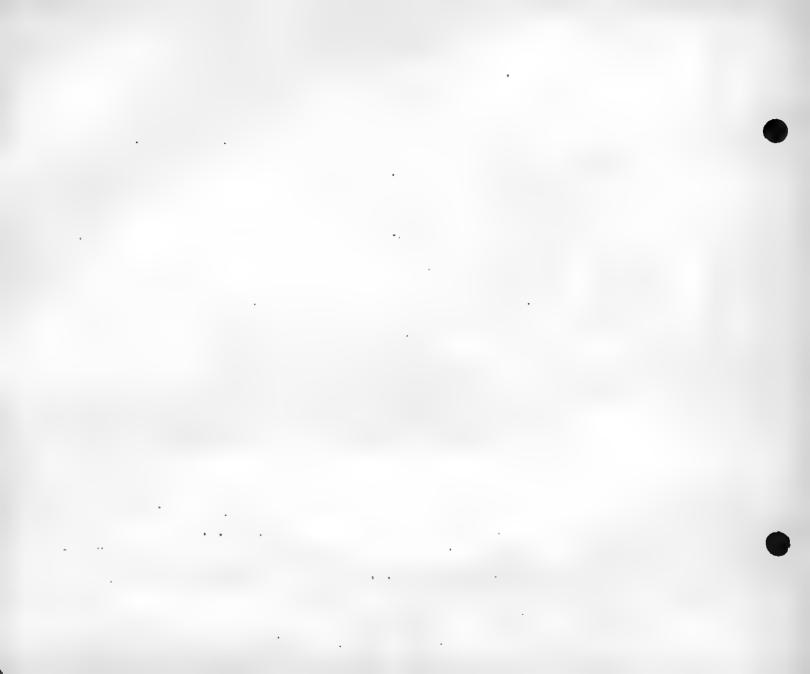


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY aUTIMORE MARYI AND Pages b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hou BALTIMORE OWSON .= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within NO Z etely carbon NAME OF DECEASED Middle DATE Last Month Day 4. Year DEATH event, **sem**ple (Type or print) remove 5. SEX DATE OF BIRTH AGE (In years I IF UNDER 1 YEAR IIF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED [ attending physician a ermit. Then please re m, or removal, and in a Ę 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) death certificate be ENNA, RETIRED - PRODUCTION STEEL BETHLEHEM 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME KAVANAUGH TAMES KATHERINE SMALL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address been signed by the attenthe burial transit permit. (Yes, no, or unkown) | (If yes give war or dates of service) MRS. MARGARET A. KAVANAUGH E CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PHYSICIAN: The law requires that the PART I. DEATH WAS CAUSED BY: raemia the hospital or attending physician. IMMEDIATE CAUSE (a) DHE TO Bladder Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. WAS AUTOPSY certificate hither that the second to the second the se PERFORMED? NO ... YES ! 208. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) tached f Jept. of CAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After Id be d MEGI Not While be retained by at work at work 4.20.1966. to. 21. I certify that (!) (this hospital) attended the deceased from. 1966, that (1) (we) last DIRECTOR: Jage 3 should led with the 19.66 and that death occurred at 11.22 PM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS TO HOSPITAL C Page 4 may b DIRECTOR E I FUNERAL PHYSICIAN'S 22d. ADDRESS rector, NAME (Type) AGARWAL 6 director should NAME OF CEMETERY OR CREMATORY BURIAL, GREMATION, 23d. LOCATION (City, town or county) 2 REMOVAL (Specify) Dulanev Vallev Mem. Grds. Timonium Balto Co .Md. 66 Burial REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR DDRESS 5 York Sons Co 1966 £15 (4) 20M 1/65

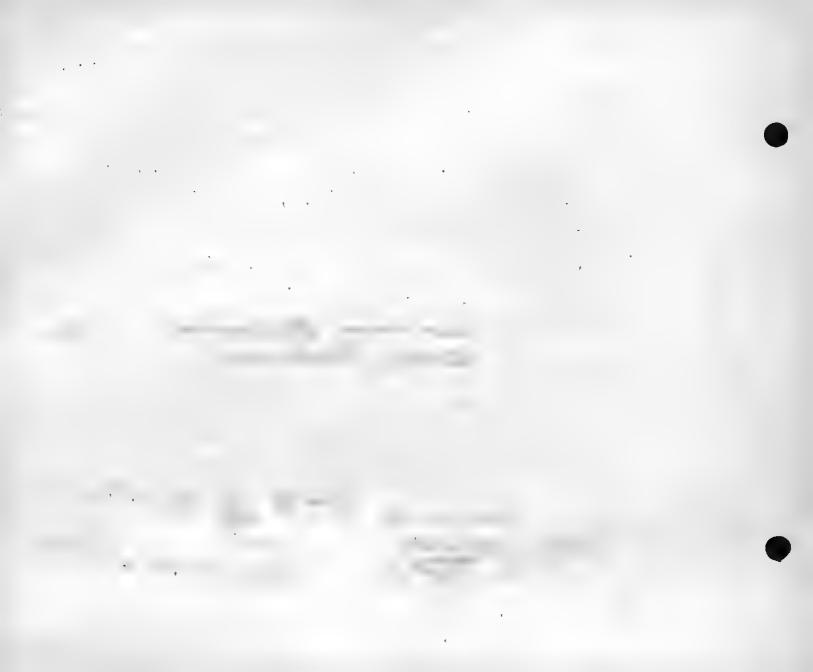




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. funera and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Maryland Baltimore MARYLANO Pages CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Catonuvilla Baltimore days <u>=</u> d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET AOORESS ON A FARM? 24 141 South Calverton Road SPRING GROVE STATE HO SPITAL YES ND executed within 3. NAME DE First Middle Oav Last Month Year DATE DECEASED DF 5 Keller event, V. 1966 Etta DEATH 16 сошрі (Type or print) AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR DR RACE 8. OATE OF BIRTH 7. MARRIED NEVER MARRIED remove last birthday) Months ! Oays any and female white WIDOWED X DIVORCED and in 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS DR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) ician ease death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Maryland U.S. unknown Housewiff OMESTIC tending physic lit. Then plea or removal, an 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME William Martha Bolter 0 N 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY ND. transit permit. (Yes, no, or unkown) | (If yes give war or dates of service) unknown/O Records: SPRING GROVE STATE NONE unknown INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ourial transit The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) been sig Macan Conditions, If any, which gave rise to Immediate まま DUE TO cause (a), stating the as th underlying cause last, CERTIFICATION WAS AUTOPSY PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health p PERFORMED? certificate YES -NO [ 20a. ACCIDENT WAS UNDERLYING []
DR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY DCCURRED, (Enter nature of Injury in Part | or Part |) of Item 18.) d d detache MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Oay, Year factory, street, office bldg., etc.) Hour a.m. White Not While After at work at work n.m. 19 00 May 16 Apri 、that 本) (we) last 0 21. I certify that 30 (this hospital) attended the deceased from. ORRECTOR: age 3 should lifed with the and that death occurred atal saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE Do Hie page ATTENDING 5-17-66 DIRECTOR M.D. PHYS. HOSPITAL STATE HOS ITAL 22d. AODRESS GROVE O FUNERAL PHYSICIAN'S director, p NAME (Type) Stella Wachsler, M.D. Maryland (State) BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) REMDVAL (Specify) Hune Arundel ( POS 5 URIAL HOL 25b. REGISTRAR'S SIGNATURE REC'O BY REGISTRAR VR A15 (4) 1/65 20M

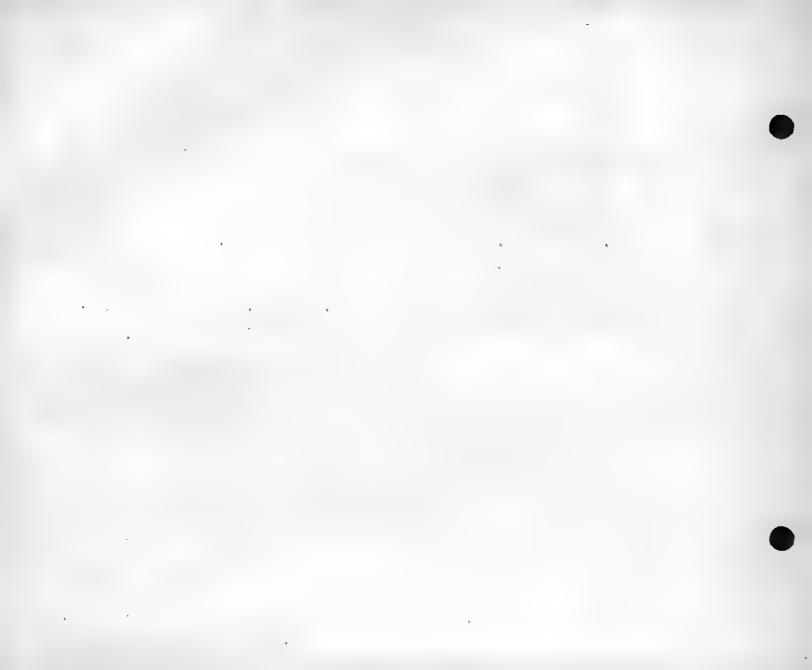


-5 1	MAKYLAND STATE DEPARTMENT OF MEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
स्टिल स	C6566 CERTIFICATE OF DEATH C6560
24 hours after death. filled in by the Tuneral appers. Pages Land 2 n 72 hours affer death.	1. PLACE OF DEATH a. CDUNTY Baltimore  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission, a. STATE Maryland b. COUNTY Baltimore
s afte by th ages s aft	b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)  c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
nour in S. F	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
24 P	ON A FARM?
thin 24 hours a stely filled in by bon papers. Pag within 72 hours	95/ Fairmount Avenue 95/ Fairmount Avenue YES NO 2  3. NAME DF First Middle Last 14, DATE Month Day Year
d with	OECEASED (Type or print) Grover P. Keller DF DF May 17, 1966 19
executed within and completely remove carbon parevent, within	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNDER 14 FAR   IFUNDER 24 HRS   Months   Days   Hours   Min.    Male   White   WIDOWED   DIVORCED   Feb. 8, 1885   9. AGE (In years   IFUNDER 14 FAR   IFUNDER 24 HRS   Months   Days   Hours   Min.    Months   Days   Hours   Min.   Min
ath certificate be executed within 24 hour attending physician and completely filled in simit. Then please remove carbon papers. In, or removal, and in apprevent, within 72 hour	10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR during most of working life, even if retired)  11. BIRTHPLACE (County & State, or fereign country)  12. CITIZEN OF WHAT COUNTRY?  13. COUNTRY?  14. COUNTRY?  15. COUNTRY?  16. COUNTRY?  17. COUNTRY?  18. COUNTRY?
icate phy n pi	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ding The emo	Edward L. Keller Hattie L. Michael
aw requires that the death certificate be tending physician. has been signed by the attending physician as the burial-transit permit. Then please prior to burial, cremation, or removal, and i	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address  (Yes, pio, or unknown) (If yes give war or dates of service) 219-07-9048 Family Records
ne d v the matir	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH
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s the system ignerial, rial,	Conditions, If any, which ) DUE TO DUE TO Selection
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aw requ' ttending has been as the l prior to	cause (a), stating the Country (c) (c)
The law or atte cate has r use ar ealth pr	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO  OF CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
Nr. Tral craft for for Heave	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
Cert cert cert ched ot. of	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  BY CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed be director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the state Dept.	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County) (State)   19   20c. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   72
ATTENDING retained by CTOR: After i should be vith the Stat	21. I certify that (I) (this hospital) attended the deceased from May 19, 1965 to Many 17, 1965, that (I) (we) las
TTE Stair Short	saw the deceased alive on. 4114 17 1914, and that death occurred at 4 M, from the causes and on the date stated above
OB TO THE A	22a. SIGNATURE    ATTENDING   MED.   STAFF   22b. DAYE SIGNED    STAFF   STAFF
RAL D AL D Pag e file	22c. PHYSIOIAN'S 22d. ADDRESS
HOSPITAL age 4 may FUNERAL rector, pa ould be fil	NAME (Type) Pha / 13/24/4 5820Mouch
Page 10 FU direct show	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME DF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial May 19, 1966 Varraine Park Cemetery Woodlaws Mary and 24, FUNERAL DIRECTOR ADDRESS 256. REC'D BY REGISTRAR 256. THE RES SIGNATURE
VR AIS (4)	John Burns' Sons, Towson, Maryland DATE MAY 23 1966 Achieves Juses
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06567 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, functitution, Residence before agmission Baltimore o COUNTY **b** COUNTY o. STATE 5 deoth. Marvland MARY, AND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn)

Baltimore c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Baltimore d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) n STREET ADDRESS e IS RESIDENCE ON A FARM? hours ā 2208 Pinewood Ave. NO K ote St. Joseph 3 NAME OF M ddle Lost 4 DATE Month Firs\* Doy Year DECEASED 1066 22 Harold E Kelly (Type or pnnt) DEATH AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED TO NEVER MARRIED DATE OF BIRTH May 24, lost birthdoy) Months Dovs Hours WIDOWED D VORCED hours 11 BIRTHPLACE (Stote or foreign country) 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10o IISLAL OCCUPATION (Give kind of work done during most of working life, even if retires Mar. COUNTRY? INDUSTRY Penna. 13 FATHER'S NAME 14. MOTHERS MAIDEN NAME penci /Koda Snively dward Kelly Khoda and 16 SOCIAL SECURITY NO 17 INFORMANT executed (Yes, no or unknown) (If yes give wor or dotes of service) or removol, Mrs. Ruth M. Kelly Same 18 CAUSE OF DEATH (Enter only one couse per line for (d), (b) and (c)) buriol-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) e word cremation, DUE TO Conditions, if any, which gove rise to immediate couse (o), DUE TO stoling the underlying couse forwarded 0.5 burial, WAS AUTOPS' PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO K agent, prior to 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 11 of Item 18) PRIMARY I or CONTRIBUTING [ CAUSE OF DEATH 20e PLACE OF INJURY (Home, form 20f (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factory, street, office bldg., etc.) Not While at work its designated Inspection . 21. 1 certify that Leok charge of the remains described above, held an Autopsy ... Inquiry and in my opinion he funerol director. death resulted from Natural causes Accident Suicide 1 Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE ATGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY pe DEPUTY MEDICAL EXAMINER ealth or **EXAMINER'S** Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 230 BURIAL, CREMATION, Parkwood emeteru RECLD BY, REGISTRAR 24 FUNERAL DIRECTOR VR A15ME (5)



1	4	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	M	26568 CERTIFICATE OF DEATH 265	62 /
death		1. PLACE OF DEATH  O COUNTY BALITIMORE - MARYLAND  2 USUAL RESIDENCE (Where deceosed lived if institut on Residence by MARYLAND by COUNTY)	pefore adm ssion
aurs after	ours affe	b CITY OR TOWN (if outside corporate limits, FORT HOWARD CONTROL AND SHEET HOWARD CONTROL AND SH	eorest town)
nin 24 ha filled in b	11 72 ho	d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  VETERANS ADMINISTRATION HOSPITAL  21.5 N. Fulton Avenue	ON A FARM? YES NO X
ecuted within campletely fil	and in any event, within 72 haurs affer	3 NAME OF DECEASED (Type or print) JOHN CARROLL KELLY DEATH 5 1	Doy Year  1 19 66  AR   IF UNDER 24 HRS
e executed with and campletely f	any eve	MALE WHITE WIDOWED DIVORCED 1/8/86 lost birthdoy) Months De	DYS HOURS MIN
ate be	and in	100 US JAL OCCUPATION (Give kind of work done during most of working life, even if retired)  RETAIRED PAINTER  105 KIND OF BUSINESS OR INDUSTRY  CONTRACTOR  11 BIRTHPLACE (County & State or foreign country)  BAITIMORE, MARYLAND  12 CTIZE  COUNT  BAITIMORE, MARYLAND  13 FAHER'S NAME  14 MOTHER'S MAIOEN NAME	TRY?
e death certificate t attending physician permit Then please	burial, crematian, ar remova	MICHAEL KELLY  IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. of unknown) (I/I yes give wor of dotes of service)  16 SOCIAL SECURITY NO  17. INFORMANT CLINICAL RECORDS  OF LONG Address  CLINICAL RECORDS  OF LONG ADDRESS	
ne death attendi	lan, ar r	YES WW I 216 O1 O7 39 V.A. HOSPITAL, FORT HOWARD, MARYL	INTERVAL BETWEEN
equires that the physician. signed by the	cremat	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INFARCTION OF LUNGS	DAYS AND DEATH
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fundamental physician and campletely filled in by the distance of the physician physician and campletely filled in by the distance of the physician physician and campletely filled in by the distance of the physician physician and campletely filled in by the distance of the physician physician and campletely filled in physician physician and campletely physician ph	r to burial,	Conditions, if ony, which gove rise to immediate cause (o), storing the underlying cause lost.  Conditions, if ony, which gove the course (b) DUE TO (c)	UAIS
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been	alth prid	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g)	19 WAS AUTOPSY PERFORMED? YES K NO
SICIAN Ispital c	t. of He	20o ACCIDENT WAS UNDERLYING COME TO BE THE TOTAL CONTROL OF PORT I	
NG PHY  7 the ho	ate Dep	20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 20d INJURY OCCURRED While of work of	
OR ATTENDING be retained by it NRECTOR: After it	the Str	saw the deceased alive an 5/11 19 66, and that death accurred at 2: 45M, 5 total causes and an the	
L OR Al	led with	220 PHYSICAMS M.D. ATTENDING MED. STAFF ST. STAFF STAFF ST. STAFF STAFF ST. STAFF ST. STAFF ST. STAFF ST. STAFF ST. STAFF ST. STAFF STAFF ST. STAFF ST. STAFF ST. STAFF ST. STAFF ST. STAFF ST. STAF	/11/66
TO HOSPITAL Page 4 may TO FUNERAL	d be f	NAME(Type) JOHN D. TALBERT, M. D. VAH FORT HOWARD, MARYIAND	ounty) (Stote)
TO HO Page TO FUN	shau	BURIAL Specify) 5/16/66. BALTIMORE NATIONAL BALTIMORE, MARYLAN	NID
VR A1 20 M	5 (4)	24. FUNERAL DIRECTOR  Leonard J. RUCK FUNERAL HOME HARFORD ROAD, BALTIMORNA VIDL 3 1966  Clark	Judge



2	1 (M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
•	<b>≟</b> ≂0₫	C6563 CERTIFICATE OF DEATH 06563
	hours after death.  d in by the funeral rs. Pages 1 and 2 bours after death.	1. PLACE OF DEATH a. COUNTY a. COUNTY b. COUNTY a. COUNTY
	ter for	Baltimore County MARYLAND PRINCE GEO
	aff age safe rs af	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
_	in the Property of the Propert	Mount Wilson Cally DKANDYWIN C
	24 h filled aper n 72	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  ON A FARM?  YES DINOR  ON A FARM?
	ii şeri	Mount Wilson State Hospital   50x 4 36 7 7 1   YES NO. NO. NAME DF First Middle Last   4. DATE Month Day Year
	uted within 24 hours after completely filled in by the fore carbon papers. Pages 1 revent, within 72 hours after	OF DECEASED (Type or print) NORMAN KEYS DEATH 5 11 1966
	rted com ve c	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.
	te be executed ysician and com olease remove of and in any eve	MITCH NO WIDOWED DIVORCED 3/10/2/ 39 yrs.
	physician and in any val, and in any	10a. USUAL OCCUPATION (Give kind of work done done in the first of the first of the first occupation) 12. CITIZEN OF WHAT during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	nte la	LABORER FARMING
	h certifica tending ph iit. Then or removal	ETIEL MALLY
	cerd indin	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, qo, or unkown) [(If yes give war or dates of service)]
	ath atte rmil n, o	(19es, to, or unknown) (19es give war or dates of service) WNENEWN Hosp. records, Mt. Wilson State Hospital
	the de	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]
	t the an. I by ansi	PART I. DEATH WAS CAUSED BY: PULMONARY TUBERCULOSIS, ACUTE DIS 14 CVC
	tha sici	002/ DUETO
	o bur	conditions, if any, which (b) TULMUMARY INBERCULOSIS S Mass
	red rding bee the or to	cause (a), stating the DUE TO underlying cause last.
	law atter has e as e as	
	The or cate r us ealtl	YES NO
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exceuted within Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon planning the with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	THYS the h this betac	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)    Hour e.m.
	by 1 State of State	Hour e.m., p.m. 19 While at work at work
	R: A Auld the the	21. I certify that (I) (this hospital) attended the deceased from 5/1, 1966, to 11/1, 1966, that (I) (we) last
	CTO CTO	saw the deceased alive on 5/11 19 66, and that death occurred at 7/10 PM, from the causes and on the date stated above.
	OR DIRE	M.D. ATTENDING MED. STAFF D 5/11/66
	TAL may	22c. PHYSICIAN'S NAME (Type)
	OSP Se 4 UNER URE E	Wm. Newcomer, M.D., Superintendent   Mount Wilson, Maryland
	Page O Fl offre Short	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county), (State)
	0	24. FUNERAL DIRECTOR ADDRESS 250. REGISTRARY 250. REGISTRARY SIGNATURE
	VR A15 (4)	martall adams aguas co, Mg DATE Her to Loly
	20M 1/65	MAY 18 1966 gCharles Judge



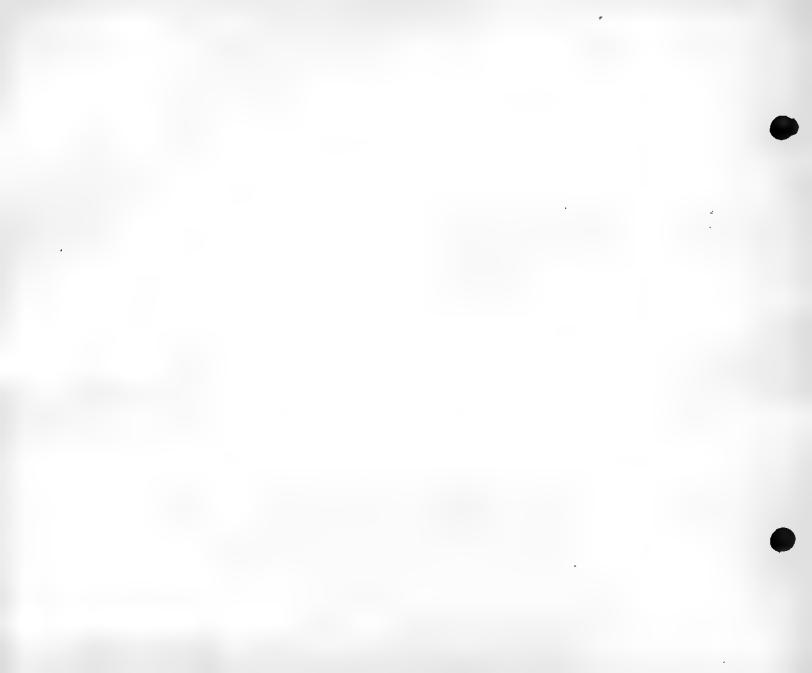
1 💢	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET	1 , BALTIMORE 1, MARYLAND
를 평어를 1	CESTO CERTIFICATE OF DEATH	06564
hours after death.  In by the funeral rs. Pages 1, and 2 thours after death.	1. PLACE DF DEATH a. COLATY Baltimore MARYLAND 2. USUAL RESIDENCE (Where dece	ased lived, if Institution: Residence before adulssion) b. COUNTY
ours after in by the pages after hopers after		orate limits, write RURAL end give nearest town)
fille pape	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Dulancy Nursing Home	e. IS RESIDENCE ON A FARM? YES NO
eath certificate be executed within attending physician and completely ermit. Then please remove carbon pon, or removal, and in any event, with	3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH	Month 2 Day 1 Sear 6
xecuted and con emove	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE 15BIRTH 1888   9.	AGE (In years   FUNDER 1 YEAR   FUNDER 24HRS. last birthday)   Months   Days   Hours   Min.
e be e sician lease r	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR Allegary Md.	or foreign country) 12. CITIZEN OF WHAT
rtificat ing phy Then p	13. FATHER'S NAME Thomas A. Kiddy  14. MOTHER'S MAIDEN NAME Ora Love	
eath ce attend ermit. on, or re	15. WAS DEGEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) John Roberts Barton	n, Md.
D HOSPITAL OR ATTENDING PRYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon should be fired with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with	Hour a.m. p.m.  19   While at work   factory, street, office bidg., etc.)  21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 3.60 M, fro  22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)    M.D. ATTENDING MED. DIRECTOR	TION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO LITT OF Part II of Item 18.)  City or town) (County) (State)  The Caucas and on the date stated above.  STAFF PHYS. 7/66
TO Pag To Fag cline shor.		
VR A15 (4)	Bra Westernport, Md. MAY 11 19	66 yellarles Judge



1 X	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A	AARYLAND
	CESTIFICATE OF DEATH	06565
and completely by the funeral carbon papers. Pages I and 2 should if within 72 hours after death	1. PLACE OF DEATH  c. COUNTY  Baltimore  b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest hown)  Reisterstown  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)  Deer Park Road  3. NAME OF DECEASED (Type or print)  Charles Samuel  Reisterstown  Augustiant Maryland  County  Baltime  C. CITY OR TOWN (if outside corporate limits, write RURAL and Baltime  C. CITY OR TOWN (if outside corporate limits, write RURAL and Baltime  C. CITY OR TOWN (if outside corporate limits, write RURAL and Baltime  C. CITY OR TOWN (if outside corporate limits, write RURAL and Baltime  C. CITY OR TOWN (if outside corporate limits, write RURAL and Baltime  C. CITY OR TOWN (if outside corporate limits, write RURAL and Baltime  C. CITY OR TOWN (if outside corporate limits, write RURAL and Baltime  C. CITY OR TOWN (if outside corporate limits, write RURAL and Baltime  C. CITY OR TOWN (if outside corporate limits, write RURAL and Baltime  C. CITY OR TOWN (if outside corporate limits, write RURAL and Baltime  C. CITY OR TOWN (if outside corporate limits, write RURAL and Baltime  C. CITY OR TOWN (if outside corporate limits, write RURAL and Baltime  C. CITY OR TOWN (if outside corporate limits, write RURAL and Baltime  C. CITY OR TOWN (if outside corporate limits, write RURAL and Baltime  C. CITY OR TOWN (if outside corporate limits, write RURAL and Baltime  C. CITY OR TOWN (if outside corporate limits, write RURAL and Baltime  C. CITY OR TOWN (if outside corporate limits, write RURAL and Baltime  C. CITY OR TOWN (if outside corporate limits, write RURAL and Baltime  C. CITY OR TOWN (if outside corporate limits, write RURAL and Baltime  C. CITY OR TOWN (if outside corporate limits, write RURAL and Baltime  C. CITY OR TOWN (if outside corporate limits, write RURAL and Baltime  C. CITY OR TOWN (if outside corporate limits, write RURAL and Baltime  C. CITY OR TOWN (if outside corporat	e. IS RESIDENCE ON A FARM? YES NO Poer  3, 19 66
hath certificate ing physician ease ramove d in any even		U. S. A.
uires that the de ysician. od by the attendi permit. Then pl	15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yee, no, or unknown) (flyesgive war or dales of service)  NO  18. CAUSE OF DEATH [Enter only one cause per Ine for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  Utomorphism  The problem of the period of the per	ok Rd.  stown, Md.  interval between onset and death
AN: The law req	Conditions, if any, which gave rise to Immediate cause (a), stating the underlying DUE TO  (c) LITERATE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	(a) 19. WAS AUTOPS PERFORMED?
physical to the hospital this certifical of for use a selfth prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I of Nor 18.)  206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO X
rendind betained by detach	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not While at work 21. 1 certify that (I) (this figspital) attended the deceased from while 190. to Many 190. 190.	
Page 4 Page 4 Page 4 Page 4 Page 3 Should b with the State De	saw the deceased alive on 100 3 19.00 and that death occurred a 2 14 M, from the cares and on the 22a. SIGNATURE  22a. SIGNATURE  M.D. ATTENDING, MED. DIRECTOR DIREC	e date stated above.  22b. DATE SIGNED  MA
NN A A15 (4)	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C/ty, town or county Removal (Specify) May 5, 1966 Deer Perk Cemetery Reisterstown  24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS  Wings Mills, Md. MAY 6 1966 Publication (C/ty, town or county Removal Location (C/ty, town or county Removal Loca	



8 10	MARYLAND STATE D  Division of STATISTICAL RESEARCH AND RECORDS, 3	DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE, MARYLANI	D 21201
FOR STATE	CS572 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH	06566
HEALTH DEPT:	PLACE OF DEATH  o COUNTY  Baltimore  MARYLAND	2 USUAL RESIDENCE (Where deceased lived, if institution R o. STATE Maryland b COUNTY	Residence befare admission)
क्रिक्	b CITY DR TOWN (if autside carporate limits, and give nearest town)  Baltimore - Rural	c CTY DR TDWN (flourside carparate in its, write RURA, a Baltimore	ind give nearest town)
- 2 0	d NAME DF HDSPITAL OR INSTITUTION (If not in haspita, give street address)  Overlea Ave. & Belair Road	d STREET ADDRESS 3907 Walnut Avenue	e IS RESIDENCE ON A FARM? YES NO
24 hours offer deoth in Item 18. Give Poge r's Office along with first land 2 with the Stating event within 72 hours		KOYNE Jr date Month	Day Year 19 19 66
hours offer d tem 18. Give Office along v and 2 with the	S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED MALE WIDOWED ON DIVORCED	7-21-1896 (ast birthday) Mo	UNDER 1 YEAR IF UNDER 24 HRS Inths Days Hours Min.
n 24 hours il in Item 1 her's Office ges 1 and 2 lony event	IDa USUAL OCCUPATION (Give kind of work dane during most of working Lie, even if retired)  IDb. KIND OF BUS NESS OR (INDUSTRY Pricklayers Union	altimore Md.	CDUNTRY? U.S.A.
within pencil examine fire rag	Michael I Koyne Sr.	14 MOTHER'S MAIDEN NAME  Ubknown  Address	
executed nding" ir Medical I permit.	(Yes na, or winknown) (If yes give war or dates at service) 212-07-7692 N	Ars Mary F. Calligan 58 Peppe	
MINER: This certificate should be executed within 24 hours ofter death. If we certificate, writing the ward "pending" in pencil in Item 18. Give Poges 1, 4 should be forwarded to the Chief Medical Examiner's Office along with form or files.  If a should be used as a burial-transit permit. Fire pages land 2 with the State Degent, prior to burial, cremation, or removal adds.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY-  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave lists to immediate cause (a), storing the underlying couse (c)  [b]  DUE TO  (c)	ic Injuries.	INTERVAL BETWEEN ONSET AND DEATH
his certification of the forwar be used to burio	PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO  200 EXTERNAL CAUSE WAS PRIMARY SO OF CONTRIBUTING Pedestrian struck  Part II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO  PRIMARY SO OF CONTRIBUTING PEDESTRIBUTIONS TO DEATH PEDESTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO  PRIMARY SO OF CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO  PRIMARY SO OF CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO  PRIMARY SO OF CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO  PRIMARY SO OF CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO  PRIMARY SO OF CONTRIBUTIONS CONTRIBU		19 WAS AUTOPSY PERFORMED? YES X NO
NER: T certifice hould be iles. should I	200 EXTERNAL CAUSE WAS PRIMARY \$3 or CONTRIBUTING PRIMARY \$3 or CONTRIBUTING PRIMARY \$3 or CONTRIBUTING Pedestrian struck	-	
O DEPUTY MESTAL EXAMINER: The rectification of the funeral director. Page 4 should be may be retoined for your files. O FUNERAL DIRECTOR: Page 3 should Health or its designated agent, prior	Hour a.m.  **********************************		
ro DEPUTY Me necessory, pleo the funeral dir. 5 may be reto o FUNERAL DIF Heolth or its d	ACTUAL SIGNATURE Charles S. Petty, M.D.  ACTUAL SIGNATURE CLASSIC CHARLES S. Petty, M.D.	M.O ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	22. DATE SIGNED 5/19/66
TO DI nece the t 5 mc TO FU		at'l Cemetery Baltimore	(County) (State) Md.
VR A15ME (8)	24 FUNERAL DIRECTOR ADDRESS Lagouln Funeral Home 740/ Belan	100/	ears signature



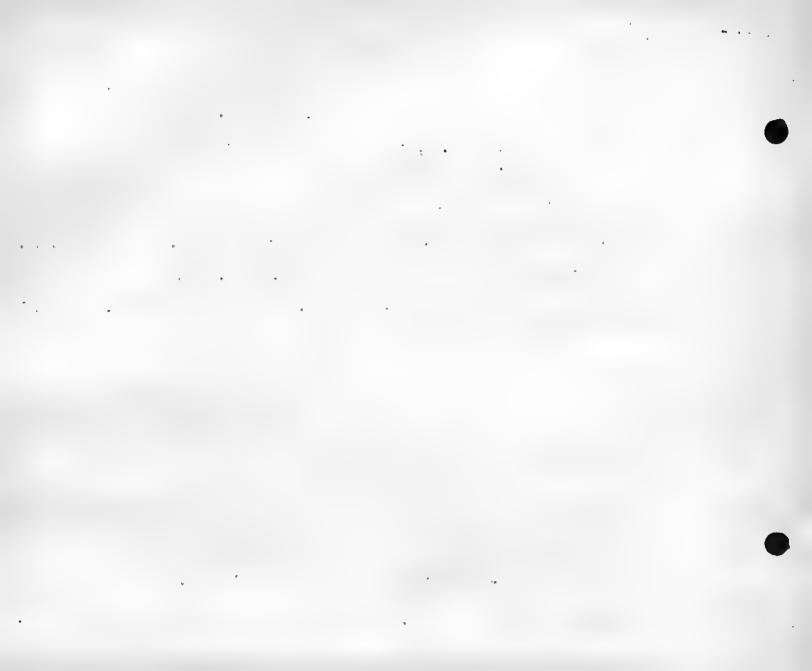
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47	PLACE OF DEA					2. USUAL RESI	DENCE (Whare dec			ance bi
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	b. CITY OR TOWN write RURAL a	N (if outside	corporate limits,	, c.	LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside corpo	rala limits, write		
1	ggol	a.	nest lówil		Life	Joppa, M	arvland			
1	d. NAME OF HOS	SPITAL OR IN	NSTITUTION (if	not in hospital,	giva street address)	d. STREET ADDR				a
		Old	Joppa	Road		Kenwoo	d 21,15 01	d Jonna	Road	Y
3	NAME OF DECEASED	11.	First		Middle	Last	4. DATE	Mont		
	(Typa or print)	Ther	174		MY	2+2	OF DEATH	Mi	2 5	•
5	. SEX	6. COL	OR OR RACE 7	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9.		IF JONDER 1 YEA	R   IF
	m	1 2	N	WIDOWED I	DIVORCED []	Feb. 1	1877	fest birthday)	Months Day	Н
1	De. USUAL OCCUPA	ATION (Give	a kind of work	1Db. KIND (	OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (	County & Slata, or f	oraign country)	12. CITIZEN	OF W
ľ	lona during most of t Farmei		avan if retired)	Ret.	_armer	3al times	re Jo. Mar	nsel ema	II C	ñ
1:	3. FATHER'S NAME			1 1000	- CI mer	14. MOTHER'S MAI		CATSHA	I_U_S	a disa
		.Т	ohn Wil	liom Kr	aata	1	1747 5 6	loodaa II		
1	. WAS DECEASED	EVER IN U.S.	. ARMED FORC	ES?   16 SOC	FAL SECURITY NO.1 17.	INFORMANT	MALINE	lmina H		-
L	(es, no, or unkawn)	(ffyesgive w	war or dates of ser	000	9-101-5915	3	Vanal V	1.0	125 -	-
-		DEATH E	nier only one c		or (a), (b), end (c).]	issyrtle	Kratz Ke	nwood Z	المُور جس	NTERV
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	gave rise to imme (a), stating the	ny, which	DUE TO  (b)_ DUE TO	<u>C</u> e	brov			cel-	Jia,	ec :
2	gave rise to imme (a), stating the cause last.	ny, which adiate cause undarlying	DUE TO (b)_ DUE TO (c)_	C C	brov	Suleyo	t.e (	CL/	2	ec :
MOTA	gave rise to imme (a), stating the cause last.	ny, which adiate cause undarlying	DUE TO (b)_ DUE TO (c)_	C C	brov. Frterio	Suleyo		CL / L	2	19.
FICATION	gave rise to imme (a), stating the cause last.	ony, which adiale cause undarlying HER SIGNIFIC	DUE TO  (b)_  DUE TO  (c)_  EANT CONDITION		TYTEVIO TYTEVIO UTING TO DEATH BUT N	Scless OT RELATED TO THE TE	FRMINAL DISEASE C		2	19.
CERTIFICATION	gave rise to imme (a), stating the cause last,  PART II. OTH  2Da ACCIDENT OR CONTRIBUTIN	ny, which adiate cause undarlying HER SIGNIFIC	DUE TO  (b)  DUE TO  (c)  CANT CONDITION  REYING  E OF DEATH		brov. Frterio	Scless OT RELATED TO THE TE	FRMINAL DISEASE C		2	19.
AL CERTIFICATION	gave rise to imme (a), stating the cause last,  PART II. OTH  2Da ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI)	nny, which adiate cause undarlying HER SIGNIFIC WAS UNDER NG CAUSI FY MEDICAL	DUE TO  (b)  DUE TO  (c)  EANT CONDITION  RLYING  E OF DEATH  L EXAMINER)	2Db. DESCRIB	TYTENIO UTING TO DEATH BUT N	OT RELATED TO THE TE	FRMINAL DISEASE C	of itam 18.)	VEN IN PART 15a	19.
	gave rise to imme (a), stating the cause last,  PART II. OTH  2Da ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI)	may, which adiate cause undarlying HER SIGNIFIC WAS UNDER TO CAUSIFY MEDICAL	DUE TO  (b)  DUE TO  (c)  CANT CONDITION  RLYING  E OF DEATH LEXAMINER)  onth, Day, Year	20d. INJUI	TYTEVIO  TYTEVIO  UTING TO DEATH BUT N  E HOW INJURY OCCURRE  RY OCCURRED 200. PL.  Not Whila for	OT RELATED TO THE TE	FRMINAL DISEASE C	of itam 18.)	2	we :
MEDICAL CERTIFICATION	gave rise to imme (a), stating the cause last, PART II. OTH  2Da ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI)  20c. TIME OF IN Hour a.m	was underlying  HER SIGNIFIC  WAS UNDER  IF MEDICAL  UNITY MEDICAL  ITURY MEDICAL	DUE TO  (b)  DUE TO  (c)  EANT CONDITION  REYING  E OF DEATH  E EXAMINER)  onth, Day, Year  19	20d. INJUL Whila at work	TYPEYIO  TYPEYIO  UTING TO DEATH BUT NO  E HOW INJURY OCCURRED  RY OCCURRED  NOI Whila  at work	OT RELATED TO THE TE	FRMINAL DISEASE Cury in Part I or Part I	of itam 18.)	(County)	19. \\YES
1 "	gave rise to imme (a), stating the cause last,  PART II. OTH  2Da ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI)  20c. TIME OF IN Hour a.m p.m  21.   certify	ony, which adiate cause undarlying there signific was under the cause of the cause	DUE TO  (b)  DUE TO  (c)  CANT CONDITION  RLYING CONDITION  RLYING CONDITION  E OF DEATH  EXAMINER  Onth, Day, Year  19  (this hospita	20d, INJUI While at work	TY FEY 1'S  UTING TO DEATH BUT N  E HOW INJURY OCCURRED  RY OCCURRED  Not Whila at work   the deceased from.	OT RELATED TO THE TE	FRMINAL DISEASE C tery in Part I or Part I , farm, 20f. (City , atc.) 20f. (City	or lown)	(County)	19. YES
-	gave rise to imme (a), steting the cause last.  PART II. OTH  2Da ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTH)  20c. TIME OF IN Hour a.m p.m  21. I certify saw the dece	was underlying  HER SIGNIFIC  WAS UNDER  IG CAUSI  FY MEDICAL  UNITY Mo  In.  I hat (I) (  based alive	DUE TO  (b)  DUE TO  (c)  CANT CONDITION  RLYING CONDITION  RLYING CONDITION  E OF DEATH  EXAMINER  Onth, Day, Year  19  (this hospita	20d, INJUI While at work	TY FEY 1'S  UTING TO DEATH BUT N  E HOW INJURY OCCURRED  RY OCCURRED  Not Whila at work   the deceased from.	OT RELATED TO THE TE	FRMINAL DISEASE C tery in Part I or Part I , farm, 20f. (City , atc.) 20f. (City	or lown)	(County)	19. YES
1 "	gave rise to imme (a), stating the cause last,  PART II. OTH  2Da ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI)  20c. TIME OF IN Hour a.m p.m  21.   certify	was underlying  HER SIGNIFIC  WAS UNDER  IG CAUSI  FY MEDICAL  UNITY Mo  In.  I hat (I) (  based alive	DUE TO  (b)  DUE TO  (c)  CANT CONDITION  RLYING CONDITION  RLYING CONDITION  E OF DEATH  EXAMINER  Onth, Day, Year  19  (this hospita	20d, INJUI While at work	TY FEY 1'S  UTING TO DEATH BUT N  E HOW INJURY OCCURRED  RY OCCURRED  Not Whila at work   the deceased from.	OT RELATED TO THE TE  ED. (Entar nature of injunctions), streat, office bldg.  death occurred a	ferminal Disease Coury in Part I or Part I  farm, 20f. (City, atc.) 20f., from	or lown)  the causes/	(County)	19. YES
1 "	gave rise to imme (a), steting the cause last.  PART II. OTH  2Da ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI)  2Qc. TIME OF IN Hour a.m p.m  21.   certify  saw the dece  22a. SIGNATURI	was underlying  Was underlying  HER SIGNIFIC  WAS UNDER  IG CAUSI  FY MEDICAL  UNRY Model  In.  That (I) (  Bessed alive	DUE TO  (b)  DUE TO  (c)  CANT CONDITION  RLYING CONDITION  RLYING CONDITION  E OF DEATH  EXAMINER  Onth, Day, Year  19  (this hospita	20d, INJUI While at work	TY FEVI O  UTING TO DEATH BUT N  E HOW INJURY OCCURR  RY OCCURRED 20e. PL.  Not Whila at work 1 fec 1	OT RELATED TO THE TE  ED. (Entar nature of injunction), streat, office bldg.  death occurred a  ATTENDING PHYS.	reminal Disease Coury in Part I or Part I farm, 20f. (City, atc.) 20f., from	or lown)  the causes	(County)	19. YES
-	gave rise to imme (a), steting the cause last.  PART II. OTH  2Da ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTH)  20c. TIME OF IN Hour a.m p.m  21. I certify saw the dece	was underlying HER SIGNIFIC WAS UNDER FY MEDICAL HURY Mo  That (I) ( Deased alive	DUE TO  (b)  DUE TO  (c)  CANT CONDITION  RLYING CONDITION  RLYING CONDITION  E OF DEATH  EXAMINER  Onth, Day, Year  19  (this hospita	20d, INJUI While at work	TY FEVI O  UTING TO DEATH BUT N  E HOW INJURY OCCURR  RY OCCURRED 20e. PL.  Not Whila at work 1 fec 1	OT RELATED TO THE TE  ED. (Entar nature of injunctions), streat, office bldg.  death occurred a	ferminal Disease Coury in Part I or Part I  farm, 20f. (City, atc.) 20f., from	or lown)  the causes/	(County)	19. YES
MEDICAL	gave rise to imme (a), steting the cause last.  PART II. OTH  2Da ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTIL)  20c. TIME OF IN Hour a.m p.m  21. I certify saw the dece 22a. SIGNATURI  22c. PHYSICIAN NAME (Typ)	WAS UNDER SIGNIFIC WAS UNDER SIGNIFIC CAUSE THE SIGNIFIC CAUSE TO	DUE TO  (b)  DUE TO  (c)  EANT CONDITION  RLYING DE OF DEATH LEXAMINER)  onth, Day, Year  19  (this hospital on the condition of the condition	20d. INJUI While at work	TY TEVIO  TY TEVIO  UTING TO DEATH BUT N  E HOW INJURY OCCURR  RY OCCURRED  A Work   The deceased from  19 4 4 4 and that	ACE OF INJURY (Homatory, street, office bldg.  ACE ATTENDING PHYS.	framinal Disease Coury in Part I or Part I farm, 20f. (City, atc.) 20f., (City, Disease)  MED. DIRECTOR	or lown)  the causes/ PHYS.   M	(County)	19. YES
MEDICAL	gave rise to imme (a), stating the cause last, PART II. OTH  2Da ACCIDENT OR CONTRIBUTING (IF EITHER, NOTIL)  20c. TIME OF IN Hour a.m p.m  21.   certify  saw the dece 22a. SIGNATURI	was underlying  HER SIGNIFIC  WAS UNDEF  IG IT CAUSI  FY MEDICAL  UNITY Model  That (I) (  Dessed alive  (S pe)  ATION, [23b	DUE TO  (b)  DUE TO  (c)  EANT CONDITION  RLYING DE OF DEATH LEXAMINER)  onth, Day, Year  19  (this hospital on the condition of the condition	20d. INJUI While et work	TYPEYIO  TYPEYIO  UTING TO DEATH BUT N  E HOW INJURY OCCURRED  RY OCCURRED  AT WORK  The deceased from  19, and that	DT RELATED TO THE TE  ED. (Entar nature of Injunction), streat, office bidg.  death occurred a  ATTENDING PHYS.  22d. ADDRESS  OR CREMATORY	reminal disease of the part of	or lown)  the causes/ STAFF PHYS.  TION (City, to	(County)	19. \YES
WEDICAL	gave rise to imme (a), stating the cause last, PART II. OTH  2Da ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTII)  20c. TIME OF IN Hour a.m p.m  21.   certify  saw the dece 22a. SIGNATURI 22c. PHYSICIAN NAME (Typ. 3a. BURIAL, CREMA REMOVAL (Specify 3urial	was underlying HER SIGNIFIC WAS UNDER GOOD CAUSI HILLY Mo In that (I) ( Dessed alive I (I) (	DUE TO  (b)  DUE TO  (c)  EANT CONDITION  RLYING THE EXAMINER ON THE PROPERTY OF THE PROPERTY	20d. INJUI While et work	TYPEYIO  UTING TO DEATH BUT N  E HOW INJURY OCCURRED  RY OCCURRED  AT WORK  The deceased from  19, and that  Type  NAME OF CEMETERY  Caltimore Cor	DOT RELATED TO THE TE  ED. (Entar nature of Injunction), streat, office bidg.  death occurred a  ATTENDING PHYS.  22d. ADDRESS  OR CREMATORY	reminal Disease of the part in Part I or Part in Part I or Part in Part I or Part in P	or lown)  the causes  STAFF PHYS.   TION (City, lot.	(County)	YES YES
WEDICAL	gave rise to imme (a), stating the cause last, PART II. OTH  2Da ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI)  20c. TIME OF IN Hour a.m p.m  21.   certify saw the dece 22a. SIGNATURI 22c. PHYSICIAN NAME (Typ REMOVAL (Speci	was underlying HER SIGNIFIC WAS UNDER GOOD CAUSI HILLY Mo In that (I) ( Dessed alive I (I) (	DUE TO  (b)  DUE TO  (c)  EANT CONDITION  RLYING THE EXAMINER ON THE PROPERTY OF THE PROPERTY	20d. INJUI While et work	TYPEYIO  TYPEYIO  UTING TO DEATH BUT N  E HOW INJURY OCCURRED  RY OCCURRED  AT WORK  The deceased from  19, and that	DOT RELATED TO THE TE  ED. (Entar nature of Injunction), streat, office bidg.  death occurred a  ATTENDING PHYS.  22d. ADDRESS  OR CREMATORY	reminal disease of the part of	or lown)  the causes  STAFF PHYS.   TION (City, lot.	(County)	YES YES



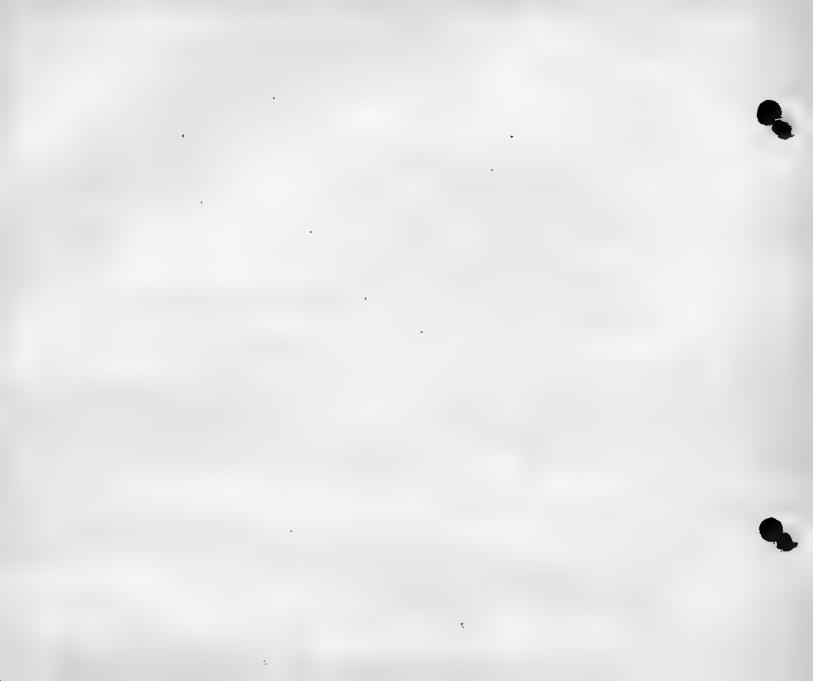
7	1 (M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	E 20 E	CESTIFICATE OF DEATH 06568
	funeral and 2 and 2 death.	1. PLACE OF DEATH 8. COUNTY 2 / / 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	after the f ges 1 after	Baltimore MARYLAND a. SIAIE M ZOULAND D. COUNT Zaltimore
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
	5 E 5	HYOUTUS 100VS. HTPDUTUS
	24 hours filled in by appers. Pa	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)   d. STREET ADDRESS   B. IS RESIDENCE ON A FARM?
	y fill	3034 Ashbourne Rd 15534 Ashbourne Rd YES NORT
	rted within completely ve carbon event, with	3. NAME OF First Middle Last 4. DATE Month Day Year
	mpl w car	(Type or print) / (M/M/M/ 1/1/1) 19 MA. KUHN DEATH // A 1/ / 8 19 66
	execute and cor remove n any ev	7. MARKIEU JA NEVER MARKIEU JA NEVER MARKIEU
	be executed within 24 h	MULTIC WIDOWED DIVORCED 8/5/2/ 38 yrs.
	be of the control of	during most of working life, even if retired) INDUSTRY
	val, ar	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	dint on Then of removal,	William A William Party Martin Marie
	ndin ren	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address
	death certificate ne attending binys permit. Then pit tion, or removal, s	(Yes, no, or unkown) (If yes give war or dates of service)
	the de	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ]
	PHYSICIAN: The law requires that the death of the hospital or attending physician. This certificate has been signed by the attendetached for use as the burial-transit permit. I Bept. of Health prior to burial, cremation, or	PART I. DEATH WAS CAUSED BY: A A M A COLA A
	law requires that tattending physician, has been signed be as the burial-tran h prior to burial, cre	1530 DUE TO CONTROLLEMENT CONT
	sign sign uria	Conditions, if any, which (b)
	ng the period of	gave rise to Immediate cause (a), stating the DUE TO
	law requirementing that been as the tartor to prior to the tartor to the	underlying cause last. (c)
	atto atto	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?
	The cate	YES NO
	PHYSICIAN: The letthe hospital or attitue this certificate hetached for use e Dept. of Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES NO  20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  CONTRIBUTING 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
	S c sept.	
	PHYSI the h r this detac detac	20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)    Bactory   Place of Injury (Home, farm, factory, street, office bidg., etc.)   Place of Injury (Home, farm, factory, street, office bidg., etc.)   Place of Injury (Home, farm, factory, street, office bidg., etc.)   Place of Injury (Home, farm, factory, street, office bidg., etc.)   Place of Injury (Home, farm, factory, street, office bidg., etc.)   Place of Injury (Home, farm, factory, street, office bidg., etc.)   Place of Injury (Home, farm, factory, street, office bidg., etc.)   Place of Injury (Home, farm, factory, street, office bidg., etc.)   Place of Injury (Home, farm, farm, factory, street, office bidg., etc.)   Place of Injury (Home, farm, factory, street, office bidg., etc.)   Place of Injury (Home, farm, factory, street, office bidg., etc.)   Place of Injury (Home, farm, farm, factory, street, office bidg., etc.)   Place of Injury (Home, farm, farm, factory, street, office bidg., etc.)   Place of Injury (Home, farm, farm, factory, street, office bidg., etc.)   Place of Injury (Home, farm, factory, street, office bidg., etc.)   Place of Injury (Home, farm, far
	oling Pharting After the december of the decem	
	etained STOR: Ai Should Ith the S	21. I certify that (I) (this hospital) attended the deceased from the first to Marie 1966, that (I) (we) last
	Teta reta	saw the deceased alive on Mary 11 19 GE, and that death occurred at A-M from the causes and on the date stated above.
	DIRE DIRE Se 3	Eugenic & Benile M.D. ATTENDING MED. TAFF DIRECTOR DIRECT
	AR AR Page 6 fills	22c. PHYSICHA'S NAME (Type) Fug en la EBenther 122d. ADDRESS 122d. ADDRESS AVE.
	TO HOSPITAL OR ATTENDING Page 4 may be retained by TO FUNERAL DIRECTOR. After director, page 3 should be should be filed with the State	NAMERIADE EXAGENIO R. Bentez 3300 Wilkens HV-C.
	Page Page Fu	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	F 5	Burial 10/20/20 (Calvery Lemetery Jarroona Yann.
		24. FUNERAL DIRECTOR ADDRESS /258. REC'D BY REGISTRAR'S SIGNATURE
	VR A15 (4) 20M 1/65	Ambros 610c. 1328 Sulphur 5Pn ing Pd DATEMAY 23 1966 Charles Judge



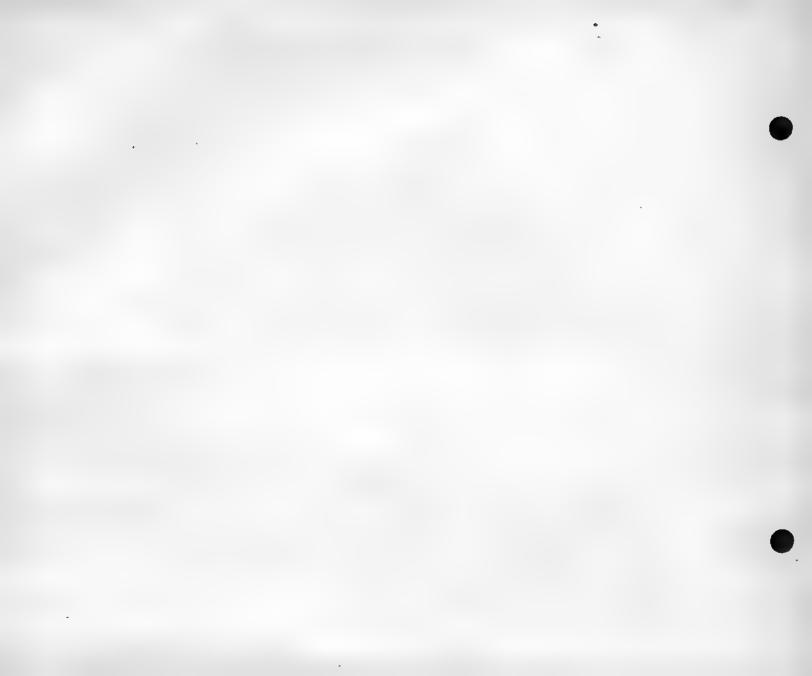
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH executed within 24 hours after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE a. COUNTY Baltimore MARYLAND Baltimore von popers. Pages 1 within 72 hours after b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR FOWN (If autside camarate limits, write RURAL and give nearest town) rural Balto. 7 d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? Windsor Mill Road filled Windsor Mill Road, Balto, 7, Md YES INO 3. NAME OF 4. DATE Last Month Year Kuntz 16 Edward 19 66 DECEASED OF DEATH May (Type ar print) S. SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9. AGE ( n years IF UNDER I YEAR I IF UNDER 24 HRS. 7 MARRIED **NEVER MARRIED** last hirthday) Hours Male White July 10 1874 DIVORCED and in any MIDOWED 11. BIRTHPLACE (County & State, or foreign country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 100 LSUAL OCCUPATION (Give kind of work done COUNTRY? U.S.A. ease during most of working life, even if retired) Parm Balto County Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ā or removal, phy The law requires that the deoth certil Conrad Kuntz Alice V. Macken 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 36 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no or unknown) (If yes give war ar dates of service) permit. Carl E. Kuntz Box 109 Ridge Rd. Balto 7. Md INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO 15-20 Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) YES NO 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of Item 18.) 20d ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Haur o.m. factory, street, affice bldg., etc.) Not While at wark at work 21. Leertify that (1) (this haspital) attended the deceased fram MAY 1950 to MAY , 1966, that (I) (We) las 1906, and that death occurred of 6 4 M, from couses and an the date stated above saw the deceased olive an. 22b. DATE SIGNED 2207 SIGNATURE **ATTENDING** M.D. DIRECTOR PHYS SYHS. director, page should be filed 22d ADDRESS 3601 Clifmar Rd. 22c PHYSICIAN'S Thomas E. Wheeler M.D. TO FUNERAL NAME (Type) 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL, CREMATION, 23b DATE THEREOF (County) REMOVA (Specify) 5/19/66 Md. Mt. Olive, Randallstown Randallstown Balto 2Sb. REGISTRAR'S SIGNATURE -ADDRESS 2Sq. REC'D BY REGISTRAR 2# FUNERAL DIRECTOR



A		€6576 CERTIFICA	ATE OF DEATH Reg. Dist.	No. 06571
ツ	1. [	PLACE OF DEATH C. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence to	
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WOOD LAWN.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Woodlawn	nearest town)
		d. NAME OF HOSP TAL (If not in hospital, give street address) OF INSTITUTION 6301 Carlynn Ave.	d. STREET ADDRESS 6301 Carlynn Ave.	e IS RESIDENCE ON A FARM? YES NO
	3.	NAME OF DECEASED   Middle	Loss 4. DATE Month OF DEATH MAY 4, 19	Day Year 56 19
		F 6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   WIDOWED DIVORCED	3/10/1879 87 yrs Months Do	EAR IF UNDER 24 HI ys Hours Min
	10a	during most of working life, even if retired)  Housewife  Home		N OF WHAT COUN
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	L	? Lomathe	? Blanchette	
		s. ho, or unknown)   Iff yes, give war or dates of service)	NFORMANT.  Address  Address  Address  Address  Address	
		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  THEROSCLE	1/	INTERVAL BETWEEN DISET AND DEATS
		Conditions, if any, which ) ON HEMIPLEGY	THEROSELEROSIS  - RIGHT	TYEARS
		gove rise to immediate cause (a), stating the under.   DUE TO CEREBRAL SC   lying cause last.	LEROSIS	
(	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(	PERFORMED?
	CERTIFIC	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item IB )	
	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to PL While Not while for work of work to the p. m. 19	ACE OF INJURY (Home, form, 20f. (City or town) (Courtory, street, office bldg., etc.)	nty) (Sid
		21. I certify that I attended the deceased from 4 - 14		t saw the dece
		alive on 4 - 4 7 1966 and that death	accurred at 4 1/2 M, from the causes and an the	date stated ab
		ACTUAL Len Clolinan	ADDRESS (Street, city or town, stote) M.D. 5907 BYYNN BAK AVE. B.	ALTO MY 5
1		PHYSICIAN'S Leon Ashman		
	220	Burial, Cremation, 22b. Date thereof Removal 4/5/66 0, Connor Ft	R CREMATORY 22d LOCATION (City, town, or county) ameral Home Toronto, Canada	(State)
		FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  T. Stansbury 6411 Windsor Mill Re	240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNA	ATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceosed a ved, if institution Residence bet o. COUNTY o STATE Pode b. COUNTY 45 ALTO deoth. MARY, AND b CITY OR TOWN (If outside corporate limits c LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BIG BUN POWDER Deportm DDLE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? hours 925 ARNCLIFF Approx. 11/2 Miles east of Rt. G ve Poges 910 YES NO F hours ofter death NAME OF Middle First DATE Last Dov (Type or print) E LAISUR VERETT 66 19 ce along DEATH S SEX 6 COLOR OR RACE NEVER MARRIED DATE OF BIRTH 9 AGE (In years A LNDER I YEAR IF UNDER 24 HRS 7. MARR ED Item 18, lost birthday) Months Davs WHITE WIDOWED 100 US\_AL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 0ff 12 CITIZEN OF WHAT during most of working life, ever if ret red) INDLSTRY COUNTRY? BALTO. 140. 200 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME EVERETT Q, LAISURE GARDNER ESTHER ond 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO be executed 17 INFORMANT Chief Medical permit (Yes, no, or unknown) (If yes give wor or dates of service) removol SAME AS 215-24-1248 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN buriol-transit PART I DEATH WAS CALSED 8Y UN CLU- DEATH ō MMEDIATE CAUSE (o) This certificate should the word cremotion, 7/3/ DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse last 80 used as burial, 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) the certificate YES NO DE or its designated agent, prior to 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL 20c TIME OF NJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. While Not While foctory, street, office bldg , etc.) moy be retained for your FUNERAL DIRECTOR: Page at work at work 21 I certify that I taak charge of the remains described above, held an Autopsy Inspection 4. Inquiry L and in my apinion death resulted fram-Suicide L the funerol director. Natural causes Accident Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy in Function of Function NAME (Type) Address (Street, city, town, or county) BURIA. CREMATION 23d LOCATION (C.J.v or Town) (County) (State) 250 REC D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb REGISTRAR S SIGNATURE VR A15ME (5) Home - 300 mace line 1966 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAT MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY director, Page or your files. a. STATE **b.** COUNTY Raltimore MARYLAND Baltimore b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Catonsville Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE the funeral or retained for ON A FARM State 19 Wade Ave. 19 Wade Ave. after YES NO 3. NAME OF Middla 4. DATE Month Day Year DECEASED (Type or print) Corinne Lambie DEATH 25 1966 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years ! IF UNDER 1 YEAR ! IF UNDER 24 HRS. last birthday] Months Dava Hours Female WIDOWED IX Whit. DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRYS done during most of working life, even if retired) Housewife Virginia U.S.A. ve Page PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William B. Dav Thomas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas. no. or unkown) ! (If yes give war or datas of service) with Charles J. Lambie 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: in pencil IMMEDIATE CAUSE (a) cardiac failure Arterio sclerotic cardio vescular dispese ö Conditions, if any, which cremation, gave rise to immediate cause writing the word "panding" • Chief Medical Examiner's Page 3 should be used as a DUE TO (a), stating the underlying eause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [[8]] 19, WAS AUTOPSY CERTIFICATION burial, PERFORMED? NO 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18,) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. prior MEDICAL 20e. TIME OF INJURY be forwarded to the Chi Month, Day, Year 2Dd. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., atc.) While Not While Hour a.m. at work at work p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion designated death resulted from: Undetermined manner Natural causes Accident Suicide **Homicide** lease execute the case should be forward by PUNERAL DIRE CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER May 25-66 EXAMINER'S NAME (Type) Address (Street, city, town, or county) 010 Iceds Please A shoul Health 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial -28-66 Western Baltimore M D. ADDRESS 246. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE YR AISME MacNabb 301 Frederick Rd. 21228 5M 1/63



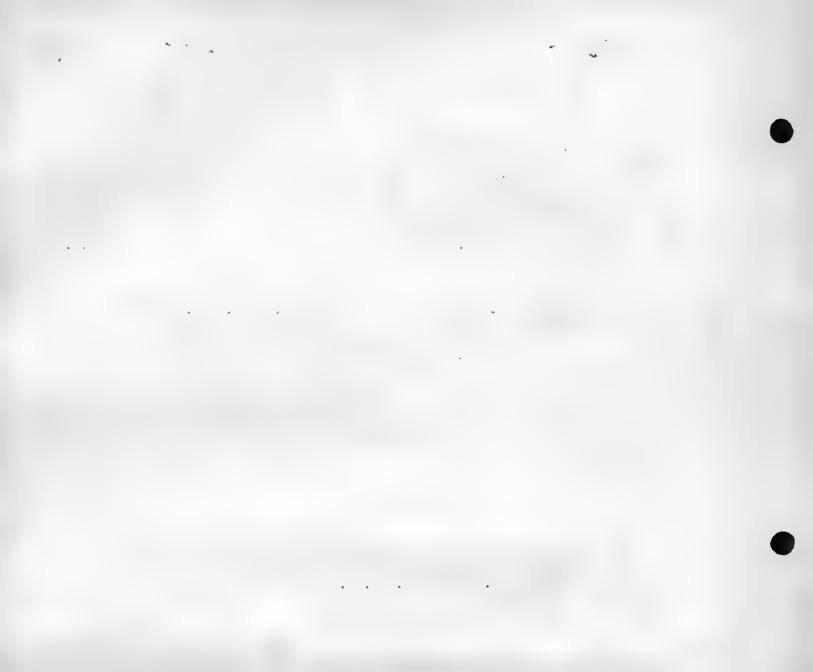
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death 24 hours after death, PLACE OF DEATH a. COBNITIMORE USUAL RESIDENCE (Whose deceased lived, if Institution: Regidence before admission)
a. STATE MARY LANCE
b. COUNTY BE LINOTO Baltimore Pages 1 urs after MARYLAND c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY-OR TOWN (if putside corporate limits. c. LENGTH OF STAY IN 1b filled in by papers. Page nin 72 hours a write RURAL and give nearest town) d. STREET ADDRESS Chesley Avenue d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) St. Joseph's Hospital IS RESIDENCE 8. DN A FARM? within . NOT YES be executed within letely mog Year 66 NAME OF Day 6 3. Middle DATE Mayou LANGREHAS DECEASED DEATH (Type or print) 19 AGE (In years ) IF UNDER 1 YEAR | IF UNDER 24 HRS SEX 6. CDLOR OR RACE BIRTH 7. MARRIED **NEVER MARRIED** Male whi te last birthday) Months Days Hours remov WIDDWED | DIVERCED 12. CITIZEN OF WHAT 10a. USUAL SCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR during most of working life, even if retired) NDUSTRY 11. BIRTHALACE (County & State, or foreign country) ned by the attending physician I-transit permit. Then please I, cremation, or removal, and in COUNTRY? AW. LAMO 10 MMN 1 ATTENDING PHYSICIAN: The law requires that the death certificate 13. FATHER'S NAME 14. MDTHER'S MAIBEN NAME AN 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. INFORMAN (Yes, no, or unknwn) ((If yes give war or dates of service) NO U 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). I
PART I DEATH WAS CAUSED BY:

BLIERY ODSTRUCTION INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) hospital or attending physician. been signed the burial-transtrantor to burial, cre DUE TO Myocardial infarction Conditions. If any, which (b) gave rise to immediate as the Prior to 1 DUE TO cause (a), stating the underlying cause last. has CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. for use Health PERFORMEO2 certificate YES [ ND 1 this cerum detached for 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY DCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) be detached State Dept. o MEDICAL (State) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED | 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While After at work at work 19 p.m. April2 DIRECTOR: Af age 3 should liled with the S retained 21. I certify that (i) (this hospital) attended the deceased from 19 from the causes and on the date stated above. and that death occurred at saw the deceased alive on 22b. DATE SIGNED 22a. SICHATURE ATTENDING 5-16-66 STAFF PHYS. page filed MED DIRECTOR M.D. PHYS O HOSPITAL Rivera PHYSICIAN'S Rostom A. 22d. **伊哲29** TO FUNERAL director, p should be York Road, Baltimore 21204 Md NAME (Type) (State) NAME OF CEMETERY OR CREMATORY LDCATION (City, town-or county) BURIAL, CREMATION. 23h. DATE THEREDE 23c. REMOVAL (Specify) FUNERAL DIRECTOR ADDRESS REC'D BY RECISTRAR 25b. REGISTRAR'S SICNATURE 24. 1966 VR AIS (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a STATE MARYLAND a. COUNTY b. COUNTY BALTIMORE MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) FORT HOWARD 30 DAYS BATTTMORE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 2018 EAGLE STREET VETERANS ADMINISTRATION HOSPITAL YES NO X pou NAME OF First Middle Last 4. DATE Month Doy Year DECEASED MAY 8 **TATHAM** 66 event, MOTITM JAMES DEATH 19 (Type or print) FOO S SEX B. DATE OF BIRTH 9. AGE (In years IE UNDER I YEAR IF JINDER 24 HRS 6 COLOR OR RACE 7. MARRIED X NEVER MARRIED last birthdoy) 1-17-1899 and in any WIDOWED DIVORCED MALE WHITE 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT permit. Then please ian, or removol, and in U.S. ARMY COUNTRY? during mast af warking life, even if retired) U.S.A. SOLDIER DENVER CO.. COLORADO 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME JAMES LATHAM WAS DECEASED EVER IN ILS ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, ar unknawn) ((f yes g ve war ar dates af service) YES 4-19-18/9-30-49 214 30 3610 CLIN. REC., VET. ADM. HOSP. FT. HOWARD, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY. ARTERIOSCIEROTIC CEREBROVASCUIAR DISEASE signed by 1 buriol trans IMMEDIATE CAUSE (a) YEARS WITH PARKINSONISM DUE TO buriol, Conditions, if any, which gave (b) rise ta immediate cause (a). DUE TO stating the underlying cause as the prior to b Page 4 moy be retained by the hospitol or ottending O FUNERAL DIRECTOR: After this certificate hos been lost. 19 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION detached far use te Dept. of Heolth YES NO PHYSICIAN: 20o, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Doy, Year factory, street, office bldg., etc.) Not While at work at wark should be 19 66, and that death accurred or 2]. I certify that (1) (this haspital) attended the deceased fram Apr. 0 1900, that (A) (we) last bo to Fay o saw the deceased alive an May 8. n. M, fram causes and on the date stated abave. 22b. DATE SIGNED 22a SIGNATURE MED. DIRECTOR 5 9 66 director, page 3 should be filed w PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) LAWRENCE F. AWALT. JR., M. D. VAH, FT. HOWARD, MARYLAND 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE THEREOF (County) (State) BURLAL (Specify) may 12-1966 BALTIMORE, MARYLAND BALTIMORE NATIONAL MAY 11 1966 24. FUNERAL DIRECTOR Walter Dores Home VR A15 (4) 20 M 1/66 Pratt & Stricker Sts

Baltimore, Md.

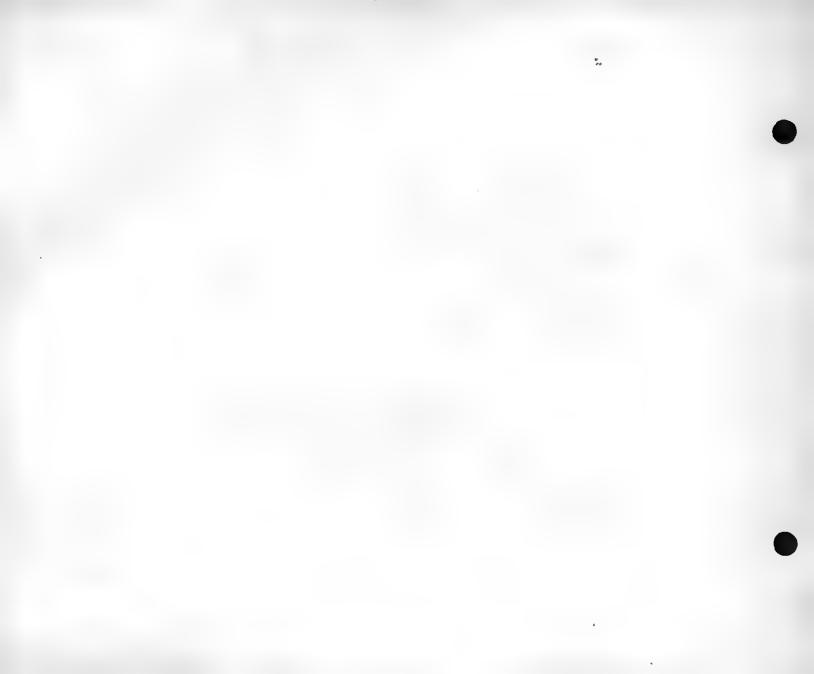


2 1 (1)	MARYLAND STATE DI Division of STATISTICAL RESEARCH AND RECORDS, 30	EP <b>ARTMENT OF HEALTH</b> DI W. PRESTON STREET, BALTIMORE, MARYLAND 212	201
FOR STATE	CE582 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	8575
HEALTH DEPT. 프유흥 흐를	1 PLACE OF DEATH 0 COUNTY Baltimore MARY, AND	2 USUAL RESIDENCE (Where deceased lived, f institution, Residence a STATE Maryland b COUNTY Bal-	ce befare admiss on)
f any delay is 1, 2, and 3 to m PM3. Page Department of rs offer death	b CITY OR TOWN (If autside carparate limits, LENGTH OF STAY IN 1b write PURAL or town recipit town)	c CITY OR TOWN (If outside carparate limits, write RURAL and give	nearest tawn)
If the Dermi	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)  Res., Howard Avenue	d street address Howard Avenue 21219	ON A FARM?  YES NO
. % . = =	3. NAME OF First Middle DECEASED (Type or print)  MARY	LAW Lost 4 DATE Month OF DEATH May 24	Day Year 1966 19
2 with	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH  Dec. 25— 1926  9 AGE (In years FUNDER 1 years)  Manths  Yes	Days Hours Min
n 74 hours il in Iter ter's Office ges Land 2 v	100 USUAL OCCUPATION (Give kind at work dane during most of working life, even if retired)  Housewife	11 BIRTHPLACE (State or foreign country) 12 CHI  Maryland Uol	IZEN OF WHAT
1 within 24 n pencil in Exominer's File pages and in any	13 FATHER'S NAME Antonino Marzecchi	Mary E. Powers	
executed within anding" in pencil Medical Exomine formine formit. File page emovol, and in a	19	NFORMANT Address sband, Mr. Robert Law, # 2,a,b,	c,d.
be "pe	18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (b) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	ronary Occlusin	NTERVAL BETWEEN ONSEY AND DEATH
ote should be e g the word "per ed to the Chief ! o buriol-transit cremation, ar re	Canditians, if any, which gove (b)	J	
certificate should writing the word rwarded to the Cl sed os o buriol-tro sed is cremation,	stoting the underlying couse   DUE TO   lost. (c)		
This certificate should cate, writing the word be forwarded to the Clebe used as a buriol-tri to burial, cremation,	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	9 WAS AUTOPSY PERFORMED? YES NO
ER: TF ertifica ould be ould be ss.	PRIMARY Or CONTRIBUTING	(Enter nature of in ury in Part - ar Part   laf item   18 )	
MEDICAL EXAMINER: This please execute the certificate, director Page 4 should be foretained for your files.  DIRECTOR: Poge 3 should be to the foretained for your files.		ACE OF INJURY (Hame, form tary street, office bidg, etc.)  (Causer of the bidg of the bidge of the bidg of the bid	unty) (State)
cal Exa execute or Page of for you TOR: Pog	21. I <b>certify</b> that I taak charge of the remains described above, he	eld an Autapsy, Inspection Inquiry  cide, Hamicide Undetermined manner	and in my apin'an
MEDICA please et il director retained L DIRECTO	ACTUAL Theo C. Pallerson	CHIEF MEDICAL EXAMINER   MD ASSISTANT MEDICAL EXAMINER   5-25	1966. DATE SIGNED
TO DEPUTY MEDICAL EXAMINER: The necessary, please execute the certificative funeral director Page 4 should but may be retained for your files.  To FUNERAL DIRECTOR: Page 3 should be realth or its designated agent, prior	EXAMINER'S NAME (Type) Theodore C. Patterson M.I	11001030 (311001, 617, 101117, 51 1001117)	
TO I the S II TO E	23a BURIA, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR Sacred Heart	of Jesus Dundalk, Maryland	
VR AISME (5)	24 FUNERAL DIRECTOR ADDRESS TOHN To DITTA Dundatio Manual and 21'222	25MAY 2 7 1966 25 ASSISTRAR SAME	Judge.



100	W.	****	,			IM	ARYLAND S	STATE DE	PARTME	NT OF HEA	ALTH			
9	8	(KA)		Divisi	on of STATISŢĮÇĀ!	L RESEAR	CH AND REC	ORDS, 30	I W. PRE	STON STREE	T, BALTIMORE	, MARYLAN	D 21201	
屯	FOR S	TATE		06582	on of STATISTICA I te	MEDIC	CAL EXAM	INER'S	CERTIFI	CATE OF	DEATH		0657	6
	HEALTH	DEPT.	T	PLACE OF DEATH					2 USUAL	RESIDENCE (WI	ere deceosed ver	d, if institution I	Residence befare (	admiss on)
	9 Q 2.	<b>75.4</b>		o. COUNTY			f.	IARYLAND	o STATI	E		b. COUNTY		
	3 d	eatle	-	Baltic	nore		c. ŁENGTH OF ST.		T CITY OF	TOWN (If outs	de corparate limit	e surrea P. PAL o	Balto	
	2, and 3 ta PM3 Page	of J		write RuRAL and give i	nearest tawn)						de corpardie in in	S, WITTE KORAL O		awii)
4		partment of after death.	-	Cari NAME OF HOSPITAL OR	ney				Cai	rney			6	ic prespense
	E	Der		NAME OF HUSPITAL OK	י חו זמת זגן אטויטי וכאג	naspital, giv	e street address)		d STREET				6	IS RESIDENCE ON A FARM?
	haurs after death 1f a Item 18 G ve Pages 1, Office along with farm	State Department of 2 haurs after death.		9640 M	ason_ave,						on_ave		YE	мо 🗶
	Page 1	e Sic 72	3.	NAME OF DECEASED	First		Middle		Las	t J	4. DATE OF	Manth	Doy	Year
	r d o v	the in Z	_	Type or print)	ROBERT L	LE	ON				DEATH	May /5/	14,	19 66
	o de la composição	with the	5	6 CO	LOR OR RACE 7 1	MARRIED [	NEVER MAR	RIED 🔲	B DATE OF E	BIRTH	9. AGE			FUNDER 24 HRS. Haurs Min
	120	8 >		M W	W	IDOWED [	DIVO	RCED 1	0/13.	/34	31	Yrs Pro	IIII Days	IIIGG S MIII
	em	event	0a	USUAL OCCUPATION (G ve	kind af work done		OF BUSINESS O	R	1 BIRTH	PLACE (State a)	fareign country)		12 CITIZEN OF V	√HAT
	24 P	_	dun	ng most of working life, eve	t a a d		istry :o_Deal	or	Md				COUNTRY?	
	iii ii	ges	13.	FATHER'S NAME	14.13.40	MUL	U_Dea i			RS MAIDEN NA	ME			
	d within in pencil Examine				il Leon				Ma	mu C	tucci			
	# E X	(E)	15	WAS DECEASED EVER IN U.S.	ARMED FORCES?	1 16 SO	C AL SECURITY N	0. 17 1	NEORMANT	ry San		Address		
		ie je	(Ye	s, na, ar unknawn) (If yes	give war <mark>ar da</mark> tes of serv	rice)		i						
	xer din ned	mo	Y	ES KO	rean		1-30-44		ami	y reco	or as		I MeT C D	VAL BETWEEN
	■ execupe pending ef Medic	Te a		PART I DEATH WAS	CAUSED BY  MMED ATE CAUSE (a)		ij, (bj. ana (c) j		". f-	为士上。			ONSET	AND DEATH
	Chie	rg ,		4201	1 1	11u	precesa	May 6	u per	Cor	1		- Decad	
	au. var	a burial-transit permit cremation, ar removal		Conditions, if ony, which	DUE 10	CH	/   a()	6.15	-1) =	1.			leare	1.4
	sh o t	nal mal		rise to immediate caus	e (n)	- C- 2	oner.	urre	45 X	karen	<u> </u>		0000	-
	9 # 6	P 2 -		stating the underlying	canse DOE TO	6.15	ui sel		<b>V</b>				1100	l.x
	MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a please execute the certificate, writing the word "pending" in pencil in Item 18. G ve Pages 1, if director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm	used as burial, c		last.	, (c) <u>c</u>	Mu							110	uc autonou
	Kerf × × ×	JSec	8	PART I , OTHER SIGNIFICA	ANT CONDITIONS CONTRI	IBUTING TO	DEATH BUT NOT	RELATED TO 1	THE TERMINA	L D SEASE COND	TON GIVEN IN PA	1RT 1(a)		AS AUTOPSY ERFORMED?
	nis ofe	be t	GE										YES	NO K
	E SE		CFRTIFICATION	20a EXTERNAL CAUSE W./ PRIMARY ☐ ar CONTRIBU	VS Tinig □	20b DESC	RIBE HOW INJUR	Y OCCURRED	(Enter nature	af njury in Pa	et ar Part II af i	tem 1B )		
	er E	aur riles. ge 3 shauld agent, priar	5	CAUSE OF DEATH.	,,,,,									
	S Personal	3 s ent,	MEDICAL	20c, TIME OF INJURY Mo	anth, Doy, Year	54.0.40	JRY OCCURRED	20e PLA	CE OF NJURY	(Hame, farm, fice bldg , etc )	20f. (City	ar tawn)	(Canuty)	(State)
	. A №	30 our	置	p m	19	While at work	Nat While at work		ary, street, or	ike biog , erc j				
	CAL EXAMINER: execute the certion. Page 4 should	ted to		21. I certify that	t I taak charge af	the remo	ins described	abave, he	ld an Auto	opsy .	Inspection 4	Inquiry	The and i	n my apinian
	exe	10 m		death resulted fro							Undeter			
	P Se S	REC esiç			$\neg D$			L-mol 1	-	HIEF MEDICAL EX			_	
	d be	D S		ACTUAL SIGNATURE	Muni	C. H	L		M.D. A	SSISTANT MEDIC	AL EXAMINER			DATE SIGNED
	TY.	SAL Or i		EXAMINER'S	V OU	1 6	)		D	EPUTY MED CAL	EXAMINER -	· 5	-16-6	06
	EPL SSQ fun	F E		NAME (Type)	KN L. HV	ILE			A	ddress (Street, o	atγ, tawn, ar coun			(C)
	O DEPUTY MEUTCA necessary, please ex the funeral director.	> may be retained for your files. 'O FUNERAL DIRECTOR: Page 3 should Health or its designated agent, prior?	230	BUR AL, CREMATION,	23b DATE THEREO		23c NAME OF C				23d LOCATION	(City ar Tawn)	(County)	(State)
	7 - 1	15 TO		<b>《展</b> 员》(李显山)	5/17/66		Balto	Natio	ona1	Cem	Balto	Md.		
		an	24	FUNERAL DIRECTOR			ADDRESS			25a. REC'D I	BY REGISTRAR	25b REGISTI	RAR'S SIGNATURE	
	VR /	A 15ME (5) 1	r	.F. EVANS	SON BRO	12 H=	rford	æd		MAY 1	7 1966	Jolea	rley Jus	ge_

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE: MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death and death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission O. STATE MARYLAND a. COUNTY b. COUNTY BALTIMORE MARYLAND b CITY DR TDWN (it autside carparate limits, C LENGTH DE STAY IN 16 c CITY OR TDWN (If autside carparate limits, write RURAL and give nearest town) DAYS BALTTMORE d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL 1950 BELAIR ROAD YES NO K NAME OF Middle DATE 듑 Fifst East Month Doy Year DECEASED GEORGE HENRY LEWIS MAY (Type or print) 19 DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS S SEX 6 COLDR OR RACE TÃ 8. DATE OF BIRTH 9. AGE (In years 7 MARRIED NEVER MARRIED birthdoy) Days Hours APRIL 4, 1925 MALE WIDOWED DIVORCED 12 CITIZEN OF WHAT 10a USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working Life, even if refired)
TRUCK DRIVER INDUSTRY MADISON CO., MISS. II.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physi ALBERT LEWIS ORA WALKER 15 WAS DECEASED EVER IN U.S. ARMED EDRCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, pp\_ocunknown) (If yes give war or dates of service) 24 1513 CLIN. REC., VAH, FT. HOWARD, MARYLAND INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARCINOMA RIGHT LUNG WITH ORIGINAL AND DISTANT IMMEDIATE CAUSE (a) **METASTASES** DUE TO Conditions, if any, which gave PHLMONARY EDEMA TIMMEDITATE rise to immediate cause (o), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been as the 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION PERFORMED? YES X NO ঠ 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (Stote) (County) 20c. TIME OF INJURY Manth, Doy, Year factory, street, office bldg., etc.) Not While at wark 2). I certify that (A) (this hospital) attended the deceased fram Mar. 31 1, 1) 66, to May 5, 19 67 that (A) (we) last saw the deceased alive on 12 5, 19 66, and that death accurred at p. M, fram causes and an the date stated abave be retained saw the deceased alive on May 5 22b DATE SIGNED 22a, SIGNATURE 5/7/66 DIRECTOR PHYS. director, page 3 shauld be filed v MD 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) HAROON M. QAZI, M.D. V.A.HOSPITAL FORT HOWARD MARYLAND 23d. ŁOCATION (City or Town) 23c NAME OF CEMETERY DR CREMATORY 230. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) Baltimore, Maryland Baltimore National Cemetery Burial 5-11-66 2Sb. REGISTRAR'S SIGNATURE 2Sq REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 1735 Harford Ave. VR A15 (4) DATE MAY 1966 20 M 1/66 Baltimore, Maryland PARCHALL W TANKS

4.45

1		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		18584 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 16570
HEALTH DEPARA	1.	PLACE DF DEATH  2. USUAL RESIDENCE (Where deceased lived, 11 institution: Residence before admission)  a. COUNTY  b. COUNTY
	Ł	Baltimore MARYLAND Md. Baltimore
cessary, e 5 may be Department after death.		b. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)  c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
S me for the fer of th	_	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS , e. IS RESIDENCE
s affe		DN A FARM?
Page Page State hours	3.	NAME OF First Middle Last   A. DATE Month Day Year
The the		DECEASED (Type or print) Paul J. Lomonico DEATH May 1 1966
th. If a ges 1, 2 form P form P within	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS tast birthday) Months   Days   Hours   Min.
ला ला	10	Male White WIDOWED DIVORCED 4-22-01 65 yrs.
with with	Qui	a. USUAL DCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
rs after de P. Give P. along with along with and ges 1 and		FURNITURE SERVICE Dept. Store Staly USA
2 c a 0	/	Mariano Lomonico (armala Delito
42.29 E.e.	15	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address es, no, or unknown) ((f yes give war or dates of service)
within pencil in miner's permit, removal,	Ľ	no 216018294 Magdalen Lomonico same
ted with in penci Examiner Sit permi		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I DEATH WAS CAUSED BY.  ONSET AND DEATH
ild be executed "Pending" in if Medical Exam burial-transit ( cremation, or		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  CONSTINUTE CAUSE (a)  CONSTINUTE CAUSE (a)
execution affical ation		Conditions, if eny, which \ (a) 1000000000000000000000000000000000000
d be exe "pendin Medica burial-tr		gave rise to immediate cause (a), steting the DUE TO
should word Chief as a k		underlying cause last. (c)
ate should he word the Chief sed as a burial, c	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  19. WAS AUTOPSY PERFORMED?
State at	FICA	YES NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
INER: This certificate, writing be forwarded to ge 3 should be ed agent, prior	CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF DEATH.
R: This care, write forward 3 should agent, p	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  Hour a.m. While Not while factory, street, office bidg., etc.)
INER iffica be f ed a	MED	p.m. 19 at work at work
EXAMINE certificate should be should be in files. CIOR: Page designated		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion
EXA The Court of the Should of		death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner ,
MED EXP ecute and C Page 4 shour or your files. I DIRECTOR: or its design		ACTUAL CONTROL ASSISTANT MEDICAL EXAMINER 22 DAYE SIGNED
5 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		EXAMINER'S  DEPUTY MEDICAL EXAMINER   5/1/6
D DEPUTY MED please execute director. Page A retained for you of Health or its	23	NAME (Type) Address (Street, city, town, or county)
of the of the	23	Between Cometery Baltimore, Md.
- 4	24	FUNERAL DIRECTOR ADDRESS 251 PEC'D CY REGISTRAR 256. RECISTRAR'S SIGNATURE
VR ALSME (5)	1	eonard J. Ruck Inc Baltimore, Md. DATE J 1966 June June



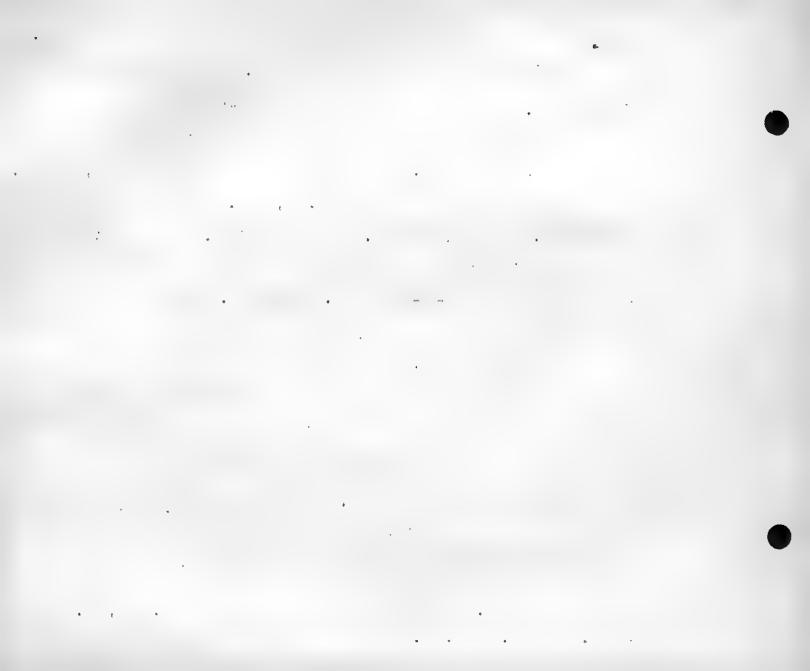
1 2	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	RE 1, MARYLAND
₹ %2±	CERTIFICATE OF DEATH	06579
death.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If inst a. COUNTY	
age (1)	Baltimore County MARYLAND B. STATE MARYLAND B. COUNT	Housen Ca
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside perporate limits, write RURAL and give nearest town)	e RURAL and give nearest town)
- in our	Mount Wilson 17 Days WOODBINE	1.
4 - 2 %	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Mount Wilson State Hospital   130 x 42	YES NO
executed within and completely remove carbon any event, with	3. NAME OF DECEASED (Type or print) CONSTANCE ANN LOONEY DEATH MAY	Day Year 5 1966
con con ove		FUNDER 1 YEAR IF UNDER 24 HRS.
emove and co	TENTALE   VVIT / LE   WIDOWED   DIVORCED   JEPT 6 / 173-3 32 vrs.	
be c cian ase r nd in	10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) INOUSTRY 11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	USA
requires that the death certificate ding physician. The attending physisher signed by the attending physishe burial-transit permit. Then ple or to burial, cremation, or removal, a	EDWARD GAPINSKÍ ELIZABETH MICC	opmice.
t. Tight	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	7 / / / C/ C
death certifii ne attending i permit. Ther tion, or remov	(Yes, no. or unknown) (If yes give war or dates of service) 217-26-65 Hosp. records, Mt. Wilson St	tate Hospital
at the dear ian. d by the a ransit pen cremation,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
hat the cian. ed by the transit, crema	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FULMONARY / USEPICULOSES	ONSET AND DEATH
es that th physician. signed by urial-trans urial, cren	7021 QUE TO	
ires ti physi n sign burial	Cenditions, if any, which gave rise to immediate (b)	
w requires that canding physician as been signed that as the burial-trait arior to burial, creation to bur	cause (a), stating the DUE TO	
ten as as pric	Underlying cause last. ) (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(a)   19., WAS AUTOPSY
	5 LAENVEUS CIRRHISIC & DESOPHAGENT LADINE	PERFORMED?
for Head of The He	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of	Item 18.)
PHYSICIAN: The the hospital or a this certificate this certificate detached for use Dept. of Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P  LACIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC the hos this co Betache Dept.	3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, ferm, 20f. (City or town)	(County) (State)
onna Pi	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bidg., etc.)  p.m. 19   at work   at work   at work   20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bidg., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from 4/26, 1966 to 5/5	, 1966, that (I) (we) last
OR ATTENDI y be retained DIRECTOR: A pge 3 should lied with the	saw the deceased alive on19//, and that death occurred at / O A M, from the causes a	nd on the date stated above.
ш (т) >-	22a. SIGNATURE  ATTENOING MED. STAFF	22b. DATE SIGNEO
ITAL OR may be RAL DIR r, page 5e filed	ATTENOING MED. STAFF DIRECTOR PHYS. 22c. PHYSICIAN'S 122d. ADDRESS	95/66
	Wm. Newcomer. M.D. Superintendent Mount Wilson, Maryl	and
Page 4 FUNER director,	23a. BURIAL, CREMATION, 23b. OATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, to)	
<b>5 5 5 2 3 3</b>	REMOVAL (Soedfy) 5/9/66 Holy Redeemer Cemetery Baltimos	re, Md.
	24. FUNERAL DIRECTOR ADORESS 25a. REC'D BY REGISTRAR 25b. REC'D BY REGISTRAR 2	
VR AIS (4)	3331 Brehms Lane	carles Judge
20M 1/63		00



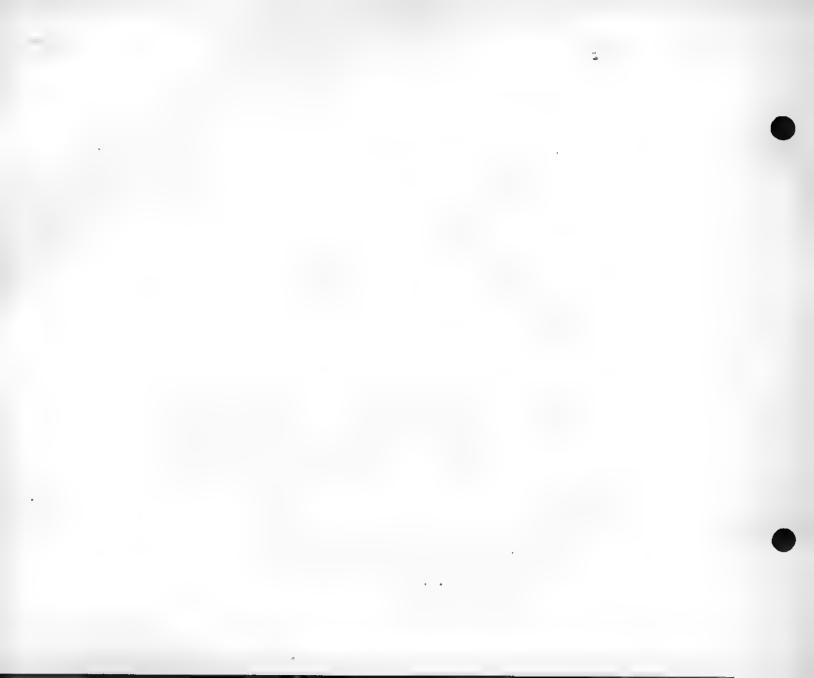
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. たちむら hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Owings Mills c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 25-days Baltimore 30-69 Ξ. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 2114 Maryland Avenue Rosewood State Hospital NO P carbon pent, within letely executed within 3. NAME OF DECEASED First Middle DATE Last Month Day 19 66 MABOE 5 event, Linda Diane (Type or print) DEATH 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Months | Days | Hours | Min. 8. DATE OF BIRTH and con 7. MARRIED NEVER MARRIED March 10, 1951 Female White WIDOWED [ DIVORCED | Ξ 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) requires that the death certificate be during most of working life, even if retired) U.S.A. Baltimore . Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME STANTON, Genevieve James Luteman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address transit permit. (Yes, no, or unknown) ((If yes give war or dates of service) Rosewood Records, Owings Mills, Md. no NTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH igned by Pseudomembraneous colitis and ileitis, severe. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). l week attending physician. been signed the burial-tr or to burial, o **DUE TO** Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. 33 CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health i PERFORMED? certificate YES X ио Г 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED { 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While While p.m. at work at work 4/10/66 19 66 to 5/15/66 . 19 66 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Ige 3 should led with the saw the deceased alive on... M. from the causes and on the date stated above. and that death occurred at-22a. SIGMATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING PHYS. MED. DIRECTOR 5/19/66 22d. ADDRESS FUNERAL PHYSICIAN'S NAME (Type) should b Rosewood State Hosp., Owings Mills, Md. Butler. M.D. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 5/20/66 Owings Mills, Md. Rosewood Cemetery 24. FUNERAL DIRECTOR **ADDRESS** 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE J. F. Eline & Sons Reisterstown, Md. VR A15 (4) 20 M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0000 death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY Baltimore Baltimere a. STATE Md. MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Baltimore #12 (Rural) Balto. completely filled in ove carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 159 Dumbarton Road 159 Dumbarton Road NO X YES The law requires that the death certificate be executed within 3. NAME DE First Middle Last Day Month DECEASED MACKIN 19 66. FRANCIS Μ. 21. May (Type or print) DEATH 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED and cor 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. White Male Jan. 29, 1910. WIDOWED F DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Sales Rept. Trucking Co. Maryland. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Mackin Sarah McKay 15. WAS DECEASED EVER INU.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address bee signed by the atten the burial trans t permit. Ir t burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) 212-03-9728 Mrs. Catherine M. Mackin (Same) 18. CAUSE DF DEATH [ Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). the hospital or attending physician. DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. 98 CERTIFICATION 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health I PERFORMED? YES [ NO L 2Da. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) ached MEDICAL 20f. (City or town) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work OR ATTENDIN o 21. I certify that (1) Phis hospital cattended the deceased from CC DIRECTOR: age 3 should lied with the and that death occurred a 6 2M, from the causes and on the date stated above. saw, the deceased alive on DATE SIGNED 22a. SIGNATURE 22b. page ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. FO HOSPITAL (Page 4 may 1 FUNERAL 22¢. PHYSICIAN'S . Or. NAME (Type) director should ! THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, e 5/24/66. New Cathedral Cemetery Baltimore, Md. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Leonard J. Ruck Inc. Balto. Md. 21214 Milarles 1966 A15 (4) 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06582 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEM PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission o. COUNTY o STATE 2, and 3 ta PM3. Page b COUNTY------Maryland Baltimore MARYLAND deothi Department b CITY OR TOWN (# outside corporate mits, c CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) C LENGTH OF STAY IN 15 write RURAL and give nearest town) Baltimore Baltimore-rural d. NAME OF HOSP, TAL OR ASTITUTION (If not in hospital, give street address) d STREET ADDRESS o IS RESIDENCE ON A FARM? hours with form 1729 E. Baltimore St. Pages St. Joseph Hospital ote NO death. 3. NAME OF First Middle Lost 4 DATE Month Doy Year within 72 DECEASED the OF 19 66 (Type or print) Francis В. Magner 19 DEATH with S SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** 8 DATE OF SIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost burthday) Months Hours WIDOWED DIVORCED ond 2 event male white Item 10a USUA, OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT-ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? poges 1 in any Laborer Virginia
14 MOTHER'S MAIDEN NAME arnival U.S.A pencil 13. FATHER'S NAME This certificate should be executed within Alice L pup Lawrence Magner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Att chmond Va. rd "pending" in Chief Medica! E permit (Yes, no, or unknown) (If yes give war or dates of service remayof B. Magner 2205 Nelson St. Yes 18. CAUSE OF DEATH (Enter only one couse per me for (o), (b) and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. ONSET AND DEATH Electrocution Ъ IMMEDIATE CAUSE (o) icote, writing the word be forwarded to the Ch cremotion, DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO 0 stoting the underlying couse used as burial, c lost. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION please execute the certificate, YES P NO designated agent, prior to 20a EXTERNAL CAUSE WAS PRIMARY (S) or CONTRIBUTING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of mary in Port I or Port 1 of item 18) standing on wet ground while changing a light bulb TAL EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) Hour om foctory, street, office blag, etc) While Not White moy be retoined for your FUNERAL DIRECTOR: Page While of work Md. Balto.-rural Balto. 11:20gex 5 1966 at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | Inquiry . and in my opinion deoth resulted from: Notural couses . Accident x! Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE 5 n.. TO FUNE... Health or if TO DEPUTY DEPUTY MEDICAL EXAMINER 5/20/66 **EXAMINER'S** Werner U. Spitz, M.D. NAME (Type) Address (Street, city, town, or county) the 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION. REMOVAL (Specify) 26,466 Arlington National Cem Arlington 24\_FUNERAL DIRECTOR VR A15ME (5) Municipalen Raven Bly DAMAY 6M 1/66 Tioch



\$1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	583
HEALTH DERE	1 PLACE OF DEATH a COUNTY Set of DEATH b. COUNTY Bellow b	e admission)
h If uny delay to ges 1, 2, and 3 to farm PM3 Page ate Department a	b. CITY OR TOWN (If outside corporate limits) c LENGTH OF STAY IN 1b c C TY OR TOWN (If outside/corporate limits, write RURAL and give neares with RAL and give neares with	t tawn)
ges 1, 2 form form ate Depu	55 nasturtium Jane 55 nasturtum Jane	e IS RESIDENCE ON A FARM? YES NO P
ve Pa y with y with n 72	3. NAME OF DECEASED   First   Middle   Lost   4 DATE   Month   Day	Yeor 19 66
haurs after Item 18 Gi Office along Iand 2 with event with	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH  Phale White WIDOWED DIVORCED Sept. 19-1902 6st bytmday)  100 US. ALOCCUPATION (Give kind of work dane)  100 KIND OF BLSINESS OR  11 BIRTHP. ACE (Stote or foreign country)  12 CITIZEN OF	Haurs Min
Z .= C 7 2 2	during most of working the every ret red)  ADUSTRY?  ADUSTRY?  ADUSTRY?  ADUSTRY?  ADUSTRY?	S.A.
=	Trank Marine Ella Window  15 WAS DECEASED EVER IN U.S. ARMED FORCES?  16 SOCIAL SECURITY NO 17 INFORMANT (Address)	
be executed "pending" in sief Medical B sinsit permit. F	(Yes, no, ar unknown) (If yes give war or dates of service) 217-0/-2807 mirriel marine (Tiple) sen	e es above
d "pen d "pen Chief M ransit ;	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Chellical Vascular Cleck Cell	ERVAL BETWEEN SET AND DEATH
INER: This certificate shauld be executed with the certificate, writing the ward "pending" in penshauld be farwarded to the Chief Medical Examplifies.  3 shauld be used as a bunal-transit permit. File pent, prior to burial, cremation, ar remayal, and in	Conditions, if ory, which gave inset a immediate cause (a), storing the underlying cause last (b) and experimental cause (b) and the underlying cause (c)	
This certificate, writing the farward to be used to refer to burial	DADY II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF DEATH BUY NOT BE ATCH TO THE TERM DAD DEFASE CONDITION OF WITH IN PART 1(4)	WAS AUTOPSY PERFORMED? ES NO CA
o DEPUTY MEDICAL EXAMINER: This necessary, please execute the certificate the funeral director Page 4 shauld be fis may be retained far your files.  5 FUNERAL DIRECTOR: Page 3 shauld be Health ar its designated agent, prior ta	Y  20a EXTERNAL CAUSE WAS PRIMARY II or CONTRIBUTING CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Port II of item 18) CAUSE OF DEATH.	
AL EXAMINER: execute the cert range of shauld far yaur files. TOR: Page 3 shaugnated agent, pri	20c TIME OF INJJRY Month, Doy, Year Haur a.m. 20d INJJRY OCCURRED Not While at wark at wark at wark (Caunty)	(State)
rcal Example 2 execute tar Page ed far yau	21. I certify that I took charge of the remains described above, held an Autopsy [4], Inspection [6], Inquiry [6], and death resulted from: Natural causes [6]. Accident [6], Suicide [6], Homicide [6], Undetermined manner [6]	l in my apin an
Y MEDICA please e) al director retained AL DIRECTO	SIGNATURE M.D. ASSISTANT SIEDEAE EXAMINER ES	22. DATE SIGNED
o DEPUTY MEDICAL EXAM necessary, please execute the funeral director Page 4 5 may be retained far yaur O FUNERAL DIRECTOR: Page Health ar its designated aga	EXAMINER'S THEO, C. PAHLUSU DEPUTY MEDICAL EXAMINER Address (Street, city town, or county)  230 BURJAL CREMATION.   23b DATE THEREOF   23c NAME OF GEMETERY OF CREMATORY   23d LOCATION (City of Town) (County)	13/64
00 mm 20 mm	230 BURIAL (REMATION, REMOVAL (Specify) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (CITY OF TOWN) (COUNTY, REMOVAL Specify) 25c REGISTRAR 25b REGISTRAR 25b REGISTRAR 25b REGISTRAR 5 SIGNATURE  24 FUNERAL DIRECTOR 25c. REC D BY REGISTRAR 25b REGISTRAR 5 SIGNATURE	nd.
VR A15ME (5) 11 6M 1/66	Commely Sons - 300 mare lies DMAY 4 1966 Thanks Sonates Je	edge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CC20. death. and PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Baltimore Md. Balto. after after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by papers. Page hin 72 hou≡ a nours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Perry Hall 2 filled d. STREET ADDRESS IS RESIDENCE ON A FARM? event, within No. YES! completely ive carbon p within NAME OF elhhIM DATE Month Year Last DECEASED Wilbur S Markland 22. 1966 May (Type or print) DEATH 19 executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIEO remove NEVER MARRIEO birthday) Months Hours in any 2-9-1883 WIDOWED GIVORGED ( 10a. USUAL OCCUPATION (Give kind of work done) physician n please r val, and in 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? C&P USA Telephone Auditor Qо Marvland attending buyst ermit. Then ple in, or removal, a FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rachel Green William Markland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. ed by the attend transit permit. , cremation, or ro 17. INFORMANT Address (Yes, no, or unknwn) (If yes give war or dates of service) that the death 212-03-6006 Arthur Markland Same no hospital or arrows seen signed by secrificate has been signed by the burial-transit processed for use as the burial, cremating 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. Acute Cerebral Ischemia, severe IMMEDIATE CAUSE (a) OUE TO Generalizêd Arteriosclerosis. Severe 10 vrs. Conditions, If any, which (b) gave rise to immediate **OUE TO** cause (a), stating underlying cause last, (c) CERTIFICATION WAS AUTOPSY PERFORMEO? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Acute enteritis, non specific YES NO Z 20a. ACCIDENT WAS UNDERLYING F 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 1) of Item 18.) detached for the Dept. of It OR CONTRIBUTING ( ) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While be retained by OR ATTENDING at work at work FUNERAL DIRECTOR: Aft director, page 3 should b should be filed with the St 21. I certify that (I) (this hospital) attended the deceased from Nov. to May 22, , 1966, that (I) (we) last 2 66 Mav and that death occurred at 11.4M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED DSIMED. DIRECTOR ATTENDING PHYS. STAFF PHYS. Page 4 may I M.D. PHYSICIAN'S NAME (Type) 22c. 22d. **ADORESS** director, p should be 1 9660 Theodore Belair Road-Balto Md 21236 Evans 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. Burial Burial 2 Baltimore -25-66 Parkwood Md. 24. FUNERAL DIRECTOR **ADORESS** REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Evans & Son 8802 Harford Rd. VR A15 (4) 15M 4-64



Arbutus Lemorial

**ADDRESS** 

Home

Daltimore

24b. REGISTRAR'S SIGNATURE

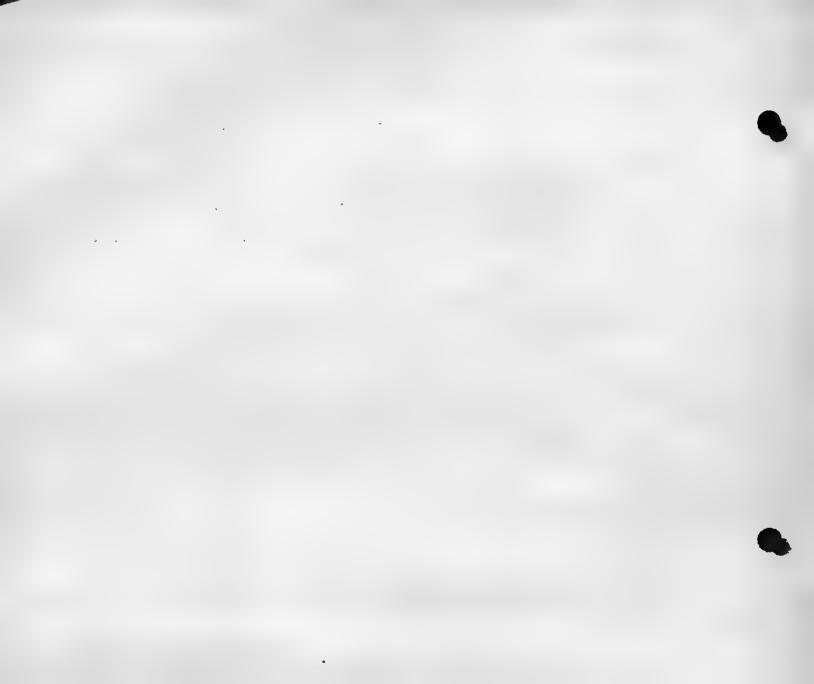
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DATE

24a. REC'D BY REGISTRAR

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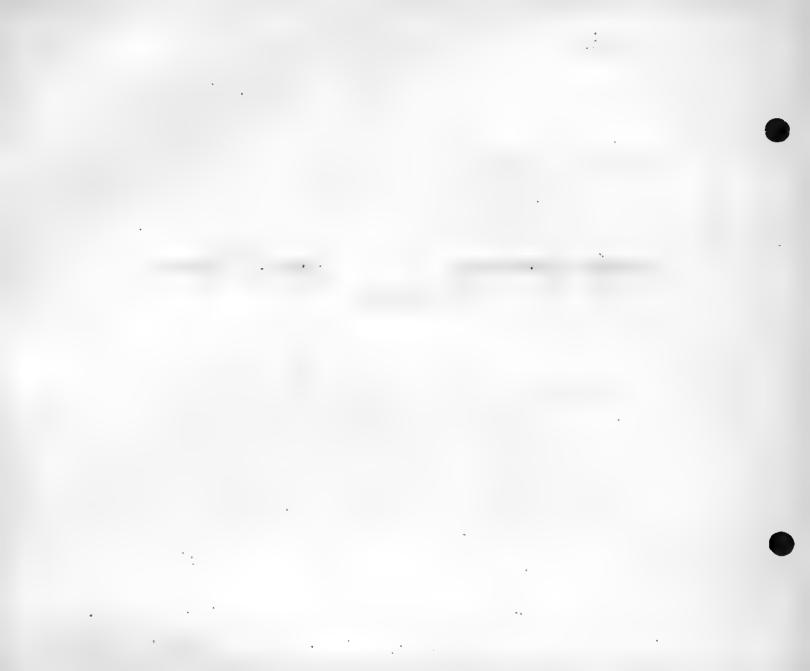
23. FUNERAL DIRECTOR'S SIGNATURE



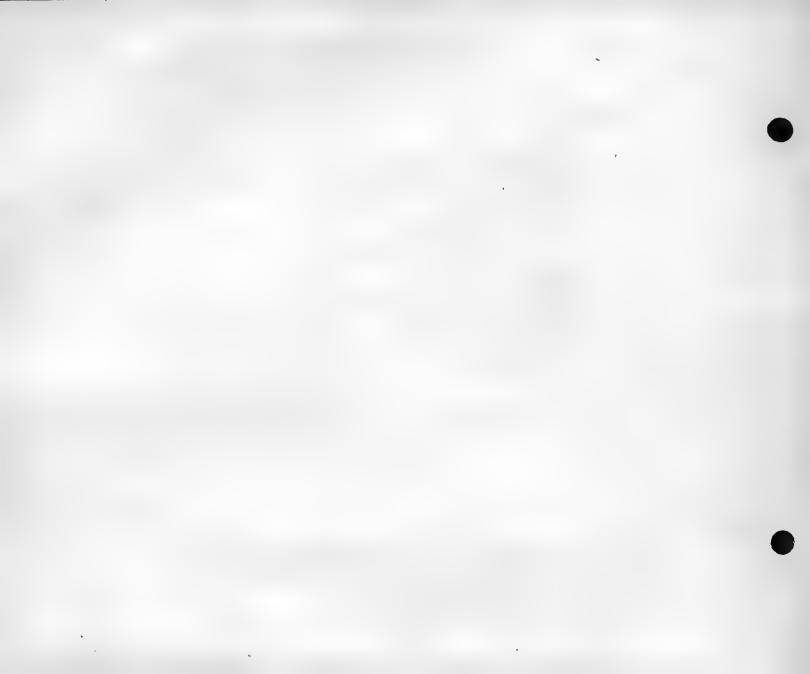
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 90000 low requires that the death certificate by executed within 24 haurs after death. siction and completely filled in by the funeral please remove carban papers. Pages 1 and 1, and in any event, within 72 hours after degal PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before odmission) o. COUNTY o STATE b. COUNTY Anne Arundel Baltimore Mary land MARYLAND c (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate I mits, 5yr3mth9dys Odenton, Maryland d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? 8 Higgens Drive STATE HOSPITAL SPRING GROVE NO F YES 3 NAME OF First Middle Lost 4 DATE Month Dov Year DECEASED McCaulev Caroline May 66 19 (Type or post) DEATH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED NEVER MARRIED birthdoy) Months Dovs Hours Feb. 26, 1872 female white WIDOWED DIVORCED 12 CITIZEN OF WHAT COUNTRY? 100 JSUAL OCCUPATION (Give king of work done during most of working Life, even if refired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY the ottending physician sit permit. Then please Maryland 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME burial, cremotion, or removal, unknown THE STREET John Parker IS WAS DECEASED EVER IN U.S ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service unknown Records: SPRING GROVE STATE HOSTITAL unknown 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-tronsit p ONSET AND DEATH Arteriosclerotic heart disease IMMEDIATE CAUSE (o). Page 4 may be retained by the haspital or attending physician. DUF TO Generalized arteriosclerosis Conditions, if only, which gove rise to immediate couse (o), DUE TO for use as the b f Health prior to b stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been Cerebral vascular accident PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? Malnutrition and dehydration NO 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not While of work of work DELY L 190 , that (1) (46) last Jan.23 21 I certify that ( (this hospital) attended the deceased fram\_ director, page 3 should should be filed with the May 4 19 66, and that death occurred at M, from causes and on the date stated above saw the deceased alive on 22p. SIGNATURE 22b. DATE SIGNED Wackeles ATTENDING MED. DIRECTOR M.D. PHYS 22d. ADDRESS SPRANG CROVE STAND HOSPANA 22c. PHYSICIAN S Stella Wachsler, M.D. NAME (Type) Baltimore, Mar/land 21228 23d LOCATION (City or Town) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Glen Burnie. Md. Glen Haven Mem. Pk. 5/6/66 Burial
24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 2Sb REGISTRAR \$ SIGNATURE **ADDRESS** VR A15 (4) 20 M 1/66 MAY 9 1966 DENNY, INC. 715 Light St.



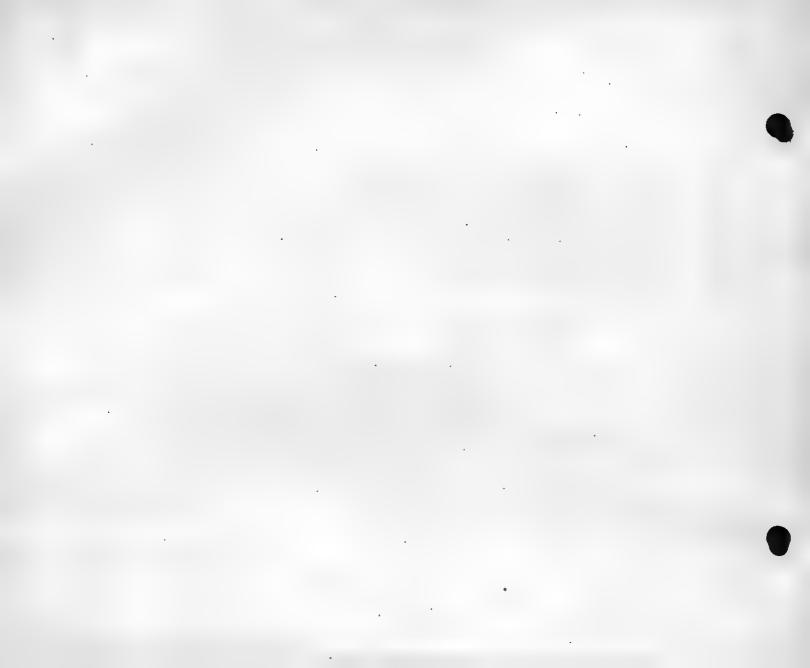
71 3	/	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
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ecuted within 24 hours after death of completely filled in by the funeral move carbon papers. Pages 1 and 2 ny event, within 72 hours after feath.	1.	PLACE OF DEATH  a. COUNTY  BDLTIMERE  D. COUNTY  B. STATE  D. COUNTY  T. T	esidence before admission
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rted within completely ve carbon pevent, with	_	DECEASED (Type or print) MARCARLT NORA MCKECWN DEATH 5	2 1966
and col		F. WHITE WIDDWED DIVORCED 6/10/1977 last birthday) Months	Days Hours Min.
ician ase	10a dur	USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CI	TIZEN DF WHAT DUNTRY? U.S.A
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ne death certifica the attending ph if permit. Then nation, or removal	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address s, no., or unknown) (If yes give war or dates of service)	
death ie att permi		NC 219-20-920 PATIENTS APMISSION =	SHEE!
requires that the deal ding physician. been signed by the al the burial-transit perr or to burial, cremation.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  SLOVCHOVNEOMONIA  BILATERAL	INTERVAL BETWEEN DNSET AND DEATH
tha signed signed urial-t		Conditions, If any, which ) DUE TD ARTERIC SCREPCTIC HEART DISEASE	IC YPS
requir		gave rise to Immediate cause (a), stating the DUE TD	
The law requires that the death certificate or attending physician. aste has been signed by the attending physician to use as the burial-transit permit. Then ple calth prior to burial, cremation, or removal, a	ATION	underlying cause last. ) (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO?
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18. OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES ND
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ATTEN retain ECTOR 3 shou		saw the deceased alive on 9-com 5/21966, and that death occurred at 902M, from the causes and on the	
AL OR Nay be IL DIRI		ACE C & Fife zero WEE M.D. ATTENDING MED. STAFF DIRECTOR PHYS. STAFF PHYS. STAFF DIRECTOR DIR	12/66.
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Page 4 TO FUNE directo	23a	REMDVAL (Specify)  802 104 5-5-66  REMDVAL (Specify)  802 104 5-5-66  New Cathedral  Baltimore, Md	**
(2)	24 M	FUNERAL DIRECTOR ADDRESS   25a. REC'D BY REGISTRAR   25b. REGISTRAR'S	S SIGNATURE
VR A15 (4) 20M 1/65		itchell-Wiedefeld Home 6500 York Rd.   MAY 9 1966   Charles	1



1 5	Division of STATISTICA		PARTMENT OF HEALTH I W. PRESTON STREET, BALTIMORE,	MARYLAND 21201
OR STATE	08594	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	06588
ALTH DEPT VI Figure 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1	PLACE OF DEATH O COUNTY  Baltimone	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, o STATE Naryland	
	b CITY OR TOWN (f autside carparate limits write-RURA, and give nearest town)	c. LENGTH OF STAY N 16	c CITY OR TOWN (It outside carparate limits	
m Dep	d NAME OF HOSPITAL OR INSTITUTION (If not in St. Joseph Hospita	A	d STREET ADDRESS	e IS RES DENCE ON A FARM?
25	NAME OF First DECEASED	Middle	9 Talbott Avenue	Month Day Year
\$ \frac{1}{2}	SEX 6 COLOR OR RACE 7		ICLEAN DEATH  B DATE OF B RTH  9. AGE (II  9-27-82	rthdoy) Manths Days Hours Min.
	Do. US. AL OCCUPATION (G ve kind of work done uring most of working life, even if retired)	10b. KIND OF BUS NESS OR TINDUSTRY Towson Nurseries	11 BIRTHPLACE (State or foreign country)  Marveland	12 CITIZEN OF WHAT COUNTRY?
	3 FATHER'S NAME Anthur McLean		14 MOTHÉR'S MAIDEN NAME  Ruth ?	
	S. WAS DECEASED EYER IN U.S. ARMED FORCES? Yes no or unknown) (If yes give wor or dotes of sei	218-18-3577 Fan	nformant . u.l.y. Records	Address
ansit or re	18. CAUSE OF DEATH (Enter on y one couse p PART I DEATH WAS CAUSED BY !MMEDIATE CAUSE (o).	per line for (o) (to), ond (t))	Mec/vs.	SONSET AND GEATH
burial, cremation,	Conditions, if ony, which gave isse to immediate cause (a), stating the underlying cause			
MION	PART I OTHER SIGNIF CANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO 1	HE TERMINA, D SEASE CONDITION GIVEN IN PAI	RT I(a) 19 WAS AUTOPSY PERFORMED? YES NO
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designated	21 I certify that I took charge of death resulted from: Notural of	f the remains described above, he ouses. Accident , Suice	_ ' ' ' _ ' _ '	, Inquiry , and in my opinion nined manner
r its des	ACTUAL SIGNATURE Charles 7	Donnel	CHIEF MEDICAL EXAMINER ASS STANT MEDICAL EXAMINER	22/DATE SIGNED
Heolth or its designated ogg	EXAMINER'S NAME (Type)		DEPUTY MEDICAL EXAMINER Address (Street, city, town, or count	
5 = 0	Brial, Cremation, 236 Date Thereo.  Bring Agenty May 7, 196			City or town) (County) (Stote)
15ME (5)	Toka Hum One	Townson h	DATE MAY 10 196	l and d

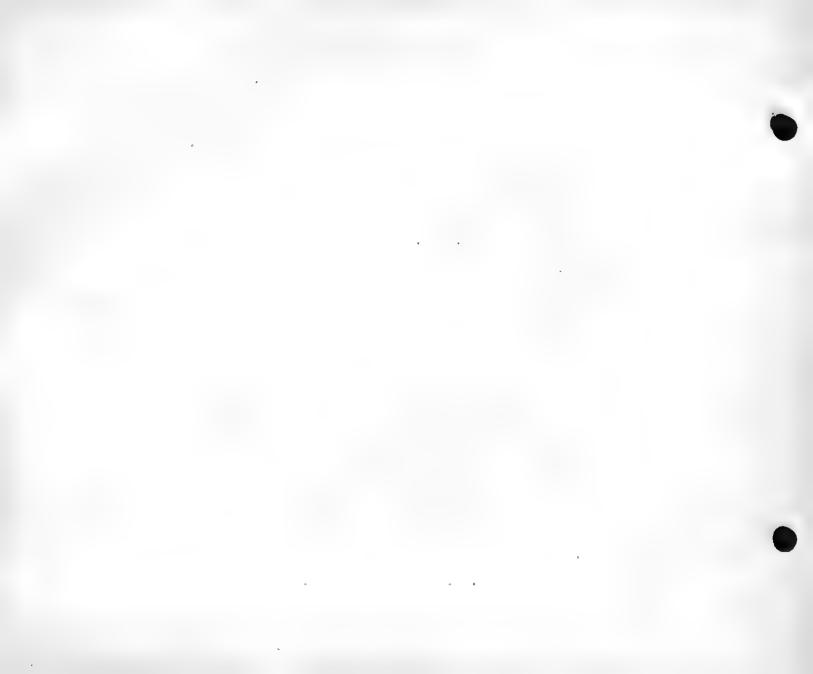


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 0.6595 HEALTH BEPT "USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporete limits. c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL and give nearest town; may Baltimore the 5 1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS Penn Lucy Rd. DN A FARM? ay in 3 to 1 State hours NO -NAME OF Middle DECEASED (Type or print) DEATH DATE OF BIRTH AGE (In years IF UNDER 7. MARRIED Jest birthday) Months I Days Hours WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? FATHER'S NAME MOTHER'S MAIDEN NAME E and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unknown) | (If yes nive war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH certificate should be executed PART I, DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (e cremation, DUE TO Conditions, If any, which {b] gave rise to immediata DUE TO cause (a), stating the underlying cause lest. used as to burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 120 WAS AUTOPSY PERFORMED? NO P YES T 20a. EXTERNAL CAUSE WAS PRIMARY Der CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED! (Enternature of injury 20h. 3 should be agent, price MEDICAL (State) 20c. TIME OF INJURY Month, Dev. Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County the certificate, Hour a.m Not While at work at work should be 21. I certify that I took charge of the remains described above, held an Autorsy and In my opinion Inspection DIRECTOR: Accident Y **Homicide** Undetermined manner death resulted from: Natural causes Suicide Your CHIEF MEDICAL EXAMINER Page ACTUAL SIGNATURE 0 FUNERAL I DEPUTY MEDICAL EXAMINER retained Address (Street, city, town, or county 010 Leale director. NAME (Type) BURIAL, CREMATION. 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 258. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR ALSME (5)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 26596 FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, it institution. Residence before admission) o COUNTY b (OUNTY Baltimore o STATE Baltimore Md. Poge <del>-</del> deoth. MARYLAND delay c. LENGTH OF STAY IN 1h b CITY OR IOWN (if outside corporate limits, c CITY OR TOWN (if outs de corporate limits, write RURAL and give nearest town) and write RURAL and give nearest town! ofter Departr Owings Mills 8 mos. Owings Mills d NAME OF HOSPITA, OR INSTITUTION (finot in hospital, give street address) e IS RES DENCE ON A FARM? d STREET ADDRESS hours along with form 4 Straw Hat Rd. 4 Straw Hat Rd. NO P Give Poges YES ofe 3 NAME OF First Middle 4 DATE Lost Month Dov Year DECEASED 16 19 66 Gertrude McMahan Mav within Ē (Type or print) DEATH with IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED rthdoy) Months Dovs Hours Mar. 31, 1882 White Female WIDOWED K D YORCED event C4 puo 10o USUA, OCCLPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITZEN DE WHAT during most of working life, even if retired)
Seamstress Foster Brothers Co. COUNTRY? A. Pennsylwania any poges 13 FATHERS NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within pencil = Milton Beck Emma Smith pup Œ. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Mills. Md. rd "pending" ir Chief Medicol ( (Yes. no. or unknown) ((If yes give wor or dates of service) permit removal, 215-10-6939 Mrs. Florence Irwin, 4Straw Hat Rd., Owings none no INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) burial-transit O'NSET AND DEATH PART ! DEATH WAS CAUSED BY Coronary Occlusion 0 IMMEDIATE CAUSE (o). writing the word cremation, DUE TO forworded to the Conditions, if ony, which gove rise to immediate couse (o). DUE TO 0 stoting the underlying couse 05 lost. burral, nsed PART II, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO IX the certificate, YES pe p 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) should 6 PRIMARY I or CONTRIBUTING I Ы CAUSE OF DEATH. none 20c TIME OF NJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) Hour o.m. While Not While factory, street, office bldg . etc.) none 10 of work ot work pleose execute designated Inspection x 21. I certify that I taok charge of the remains described above, held an Autopsy ... Inquiry X and in my opinion FUNERAL DIRECTOR: director. deoth resulted from. Noturo couses X Accident Suicide | | Homicide Undetermined manner retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funerol TO DEPUTY DEPUTY MEDICAL EXAMINER A REISCHOOL (Street, city, town, or county) 50 **EXAMINER'S** D. 6 Hanover Rd 5-18-66 Caples. 5 moy 1 O FUNER Health ( NAME (Type) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o BURIAL CREMATION. (County) REMOVAL (Spec by) May 19, 1966 Hametown, Pennsylvania Hametown Cemetery 25h REGISTRARS SIGNATURE FUNERAL DIRECTOR 250) REC'D BY REGISTRAR 1966 VR A15ME (5) 6M 1/66-C

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06590 FOR STATE CREQU HEALTH DEPT. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission PLACE OF DEATH o. (OUNIY Baltimore Mary land Anne Arundel af after death. MARYLAND b CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town)

Baltimore c CITY OR TOWN (if autside corporate imits write RURAL and give nearest town) c FNGTH OF STAY IN ID Glenn Burnie d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Beltway - Between Wilkens & Frederick Ave 113 Bliss Lane YES [ NO D haurs after death 3 NAME OF First Lost 4. DATE Year DECEASED 19 66 MEILER, Jr. DEATH RHEINHOLD 16 (Type or print) IF UNDER 1 YEAR S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED last Sirthdov) Months Doys White WIDOWED DIVORCED May 19, 1947 Male 11 BIRTHPLACE (State or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? pages I Store Clerk Balto. Md. U. S. A. Food Store 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Reinhold Meiler Sr. Lottie Scheckeels 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Glen Burine, Md. ar remayal. (Yes, no or unknown) (I yes give wor or dotes of service) 217-46-3411 Mr. Reinhold Meiler 113 Blids Lane 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Crushing injuries of head and chest IMMEDIATE CAUSE (o)\_ used as a burial-train burial, cremation, o Th's certificate shauld e, writing the word farwarded to the Ch DUE TO Conditions, if ony, which gove nse to immediate couse (o), DUE TO stating the underlying couse 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Par YES X NO please execute the certificate, agent, priar ta 200 EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injurphy Port 1 or Port 11 of item 18) CAL CERTIF Pedestrian struck by auto Beltway between Wilken & Freder CAUSE OF DEATH 1 20e PLACE OF INJURY (Home, form (Countylck Roadle)x. 20d INJURY OCCURRED 20f. (City or fown) 20c TIME OF INJURY Month, Doy, Year 2:48 Hour o.m. loctory, street, office bldg , etc.)
Street may be retained far yaur FUNERAL DIRECTOR: Page pt work 1966 Baltimore Md. ot work designated 21. I certify that I took charge of the remains described above, held on Autopsy Inquiry , and in my opinion Inspect on 1. Accident X death resulted from: Natural causes Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER (SC) ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 5 may be 1 TO FUNERAL Health or i DEPUTY MEDICAL EXAMINER 5-16-66 **EXAMINER'S** RUSSELL S. FISHER, M.D. Address (Street, city, town, or county) NAME (Type) 23p BURIAL CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) May17.1966 Lake View Cem. Balto. Md. Burrial 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) G. Truman Schwab 3512 Frederick Ave. Balto. Md. 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH C659 PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death deoth 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission). the attending physicion and completely filled in by the funeral sit permit. Then please semove corbon papers. Pages I and nation, or removal, and any event, within 72 hours after deat b. COUNTY a. COUNTY a. STATE Baltimore Maryland MARYLAND b CITY OR TOWN (If autside corporate nimits, write RURAL and give nearest town) c City OR TOWN (If autside carparate limits, write RURAL and give neorest town) CLENGTH OF STAY IN 1h Baltimore 21218 Baltimore d STREET ADDRESS ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 606 Wvanoke Ave. Armacost Nursing Home YES NO THE 4. DATE 3 NAME OF Middle Month Last Day Year DECEASED OF DEATH Melvin Ethel May 19 66 (Type or print) IF JNDER 1 YEAR IF UNDER 24 HRS AGE (In years S. SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Months Dovs WIDOWED DIVORCED 12. CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) Education COUNTRY? during mast of working ite, even if retired) Principle - Retired Crisfield. Md. 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME Francis M. Melvin Lucy Ward IS. WAS DECEASED EVER IN U.S ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates of service) Mrs.Marion H. Melvin (Same INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BYsigned by the burial-transit g ONSET AND DEATH Arteriosclerotic Cardiovascular Disease DUE TO Canditians, if any, which gave rise to immediate cause (a), DIJE TO stating the underlying cause os the prior to TO FUNERAL DIRECTOR: After this certificate hos been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) for use ( NO St 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18) 20g ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, Not While factory, street, office bldg., etc.) 21 I certify that (I) (this hospital) attended the deceased from Apr. 18, 19, 56 to May 15, 1966, that (I) (we) last saw the deceased glive an May 13, 1956, and that death accurred at 15 M, from causes and an the date stoted above. 22b. DATE SIGNED 22a SIGNATURE **ATTENDING** MED DIRECTOR STAFF PHYS. 5-17-66  $\mathbf{x}$ director, page 3 should be filed v M.D 22d. ADDRESS 22c. PHYSICIAN'S E. 3902 NAME (Type) Llovd Savlor Greenmount 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify)
Burial 5/18/1966 Woodlawn, Balto.Co., Md. Lorraine Park 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Sons Co. 1956 VClarlen



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH executed within 24 hours after death and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE ve carbon papers. Pages I event, within 72 hours ofter MARYLAND c. LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If putside corporate mits. write RJRAL and a ve nearest town) e IS RESIDENCE ON A FARM? filled in d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES NO [ NAME OF DATE Month Doy First Lost Ү еаг DECEASED OF DEATH 1966 (Type or print) B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** last, b rthday) Manths Hours Days ond in ony WIDOWED DIVORCED 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 1] BIRTHPLACE (County & State, or foreign country) 10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? OR ATTENDING PHYSICIAN: The law requires that the death certificated INDUSTRY 6 456 by physici MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removol, 17. INFORMAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service cremotion, INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) burnal-transit PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) be retained by the hospital or attending physician. DUE TO signed Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse lost. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of influe in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Home, form, (City or town) (Stote) 20d INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Hour o.m. While Not While ot work at work TO FUNERAL DIRECTOR: After deceased from May 1, 1966, ta May 22, 1966, that (1) (1) last 1966, ond that death accurred at 12 P.M., from gauses and on the date stated obove 21. 1 certify that (1) (this hospital) attended the deceased from man 1 , page 3 should be filed with the sow the deceased glive an Man 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. ATTENDING M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, should be 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) BURIAL, CREMATION, 23b. DATE THEREOF (County) 230 REMOVAL (Specify) By REGISTRAR 2 5 19 24 FUNERAL DIRECTOR 25b. REGISTRAR S SIGNATURE VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH



1 W	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT:	1. PLACE OF DEATH a. COUNTY Baltimore  MARYLANO  1. PLACE OF DEATH a. COUNTY Baltimore  MARYLANO  MARYLANO  A. STATE 3103 Kenyon Avenue
funeral funeral e 5 may be Department after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Sparrows Point  C. LENGTH OF STAY IN 1b  Baltimore
ate ate	d. Name of Hospital or Institution (If not in hospital, give street address)  Plant Hospital  3103 Kenyon Avenue  o. Is residence on a farm? yes not
PM3.	3. NAME OF DECEASED (Type or print) Herbert E. Metzger DEATH 5 26 1966  5. SEX   6. COLOR OR RACE   7. MARRIED   8. DATE OF BIRTH   9. AGE (in years   FUNDER 14 PEAR   FUNDER 24 HRS.
Pages 1, the form Figure 1, or	Male White WIDOWED DIVORCED 5-18-1904 905 Hours Min.
after of Give fong wi	10a. USUAL OCCUPATION (Give kind of work done industry lindustry Steel Making Baltimore, Maryland USA)  13. FATHER'S NAME  10a. USUAL OCCUPATION (Give kind of work done industry industry)  INDUSTRY  Baltimore, Maryland USA
14 hours The a	Frederick Metzger  Mary (Unknown)  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 3103 Kenyon Avenue
within 2 pencil in miner's ( permit. removal,	no Mrs Frances C. Metzger
"pending" in "pending" in f Medical Exan i burial-transit cremation, or	PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (a)
is certificate shou writing the word arded to the Chie ould be used as a t, prior to burial,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT MOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IMPART 1(a)  19. WAS AUTOPSY PERFORMEO?  YES NO  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of majory in Part 1 of Part 11 of Item 18.)
diner: This of this of the forward age 3 should the deep agent, the feet agent a	20c. TIME OF INJURY Month, Cay, Year 2dd. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)    Post
4 7 33 6	death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER
Y N X S S S S S S S S S S S S S S S S S S S	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED  EXAMINER'S NAME (Type) Theodore Patterson, M.D. 105 Address (Street, city, town, or county)  Address (Street, city, town, or county)
IO DEPUTY M please exec director. P retained for IO FUNERAL. of Health o	Plane (type) 1 1100dore Fatterson, Plane address (street, city, town, or county)  23a. BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  REMOVAL (Specify) 5/30/66 Most Holy Redeemer Beltimore Meryland
VR AISME (5)	24. FUNERAL DIRECTOR Henry Sander & Sons Inc. Balto. MD.  ADDRESS  ACCRESS  ACCRESS



roneral and 2 cr death		DIVISIO	N OF STATIST	MAR ICAL RESE	YLAND STATE ARCH AND RECO CERTIFIC	RDS,	301 W. PRES	TON STREI	TH ET, BALTIMO	RE 1, MAI	
<u></u>	<b>{</b> _	~00U%			CERTIFICA	AIF					5596
0	1.	PLACE OF DEAT a. COUNTY	н								fence before admission)
	-		imore	men limite	MARYLAN		T.	aryland		in Dipil and	4 -1
1			/N (if outside corpor and give nearest to	own)	C. LENGTH OF STAY IN	N ID			rporate limits, wi	ITE KUKAL and	d give nearest town)
		d. NAME OF HO		ION (if not in h	lospital, give street addr	race)	Baltin				e. IS RESIDENCE
			Joseph Hos		iospital, give street addi	1699)		ork Roa	a #19		ON A FARM?
	3.			First	Middle	<u> </u>	Last	4. DATE	α π10 Mont	h	VES NO Day Year
ı	٠.	DECEASED (Type or print)		Allen	Lee		Miller	0.5		y 28.	19 66
ı	5.	SEX	6. COLOR OR RACI			-X   8.	DATE OF BIRTH	1 9			EAR IFUNDER 24 HRS. ys Hours Min.
	1	ale	White	WIDOWED			May 27, 1	.966	last birthday) yrs.	Months Day	ys Hours Min.
	10	a. USUAL OCCUPA	TION (Give kind of wor	kdone 10b. F	(IND OF BUSINESS OR NDUSTRY				, or foreign country	12. CITIZ	EN OF WHAT
			`	647	HEGGIRI			re, Md.		COUN	10.11
	13	. FATHER'S NAM	IĒ				14. MOTHER'S M				
		Willia	m Robert M				Jacqueli	ne McC	racken		
	1; (Y	i. WAS DECEASED es, no, or unkown)	EVER IN U.S. ARMED I (If yes give war or date	FORCES?   16. s of service)	SOCIAL SECURITY NO.	17.	NFORMANT		Addre	\$\$	
					line for (a), (b), and (c).	1					NTERVAL BETWEEN ONSET AND DEATH
		4 1 4 1 /	EATH WAS CAUSED E IMMEDIATE CAUS	E (a)	<u>maturity</u>						
		Cenditions, If	1	E TO							
		gave rise to	Immediate (	(b) E TO							
		cause (a), s underlying caus	tating the [	(c)							
	NO:	PART II. OTHER	SIGNIFICANT CONDIT		UTING TO DEATH BUT NOT	RELAT	ED TO THE TERMIN	AL DISEASE CO	DITION GIVEN IN	PART1(a)	19. WAS AUTOPSY PERFORMED?
ı	ICAT										YES NO K
	CERTIFICATION	20a. ACCIDENT OR CONTRIBUT	WAS UNDERLYING I ING _ CAUSE OF DE TIFY MEDICAL EXAM	20b.	DESCRIBE HOW INJURY	OCCUR	RED. (Enter natur	e of Injury in F	art t or Part It	of Item 18.)	
ĺ	MEDICAL	20c. TIME OF Hour a.i	INJURY Month, Day	, Year   2Dd. 1 While			E OF INJURY (Hom- r, street, office bid;		(City or town)	(County	(State)
1	ME	p.	m. 19	at wor	k [_] at work [_]					0 44	
					led the deceased from						, that (I) (we) last
		saw the de 22a. SIGNATU	ceased alive on	мау 28,	19_66, and	i that	death occurred	et 11: _M, fi 55P		and on the	date stated above.
		J.O	ann S	0. 0.	Pa 1	и в	ATTENDING	MED. DIRECTOR	STAFF PHYS.	}	29. 1966
		22c. PHYSICI	W'S			M.D.	PHYS. L			TIOLY	279 1700
		NAME (T	ype) Nelson	S. de	la Páz		7620 Yo	rk Road	21204		
	23	BURIAL, CREN		THEREOF	23c. NAME OF CEME	ETERY	OR CREMATORY	23d. L	OCATION (City, to	own or county	y) (State)
		_Burial	6/1/	66	Balto.Nat	11		y B <sub>2</sub> 1	timore,	Mary	land
		. FUNERAL DIRI obert C	. Altenk	ourg -	6009 Harf	ord	Rd 25a	REC'D BY REG	STRAR 250	egistrar's s	IGNATURE
		uneral		C.			DX H	14 T K	100		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08603 requires that the death certificate be executed within 24 hours after death. and campletely filled in by the funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o. STATE b. COUNTY Baltimore Baltimore Marvland MARYLAND b. CITY OR TOWN (If outside carparate I mits. C LENGTH OF STAY IN 1h c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) write RURAL and nive nearest town) Boltimore #12 Glendale
d NAME OF HOSPITAL OR INSTITUTION (If not in baspita, give street address) Glendale d. STREET ADDRESS e IS RESIDENCI ON A FARM? 1303 Highland Dr. 1303 Highland Dr. YES NO X NAME OF Middle DATE Month DECEASED (Type or print) 5-26-66 19 James Glen Miller, Sr. DEATH S SEX DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR | I IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last birthdoy) Months Davs Hours WIDOWED DIVORCED 1-30-99 Male Caucasian 10g USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY? the attending physician sit permit. Then please U.S.A Salesman Ret South Hampton, Ontario Dept. Store 14 MOTHER S MAJDEN NAME Margaret Combs William L. Miller IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, na, or unknown) (If yes give war or dates of service) 528\_05\_1288 James Glen Miller, Jr. 1303 Highland Dr. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY CONSET AND DEATH IMMEDIATE CAUSE (a) signed by 4200 DUE TO Conditions, if ony, which gove rise to immediate cause (o). DUE TO stoting the underlying cause O FUNERAL DIRECTOR: After this certificate has been he lost. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES | NO I far 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part M of item 18) 20g ACCIDENT WAS UNDERLYING E OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Nat While at work at wark 21. I certify that (I) (this haspital) attended the deceased from recovered at 4.31. M, from causes and an the date stated above. saw the deceased alive on\_ 22n. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED DIRECTOR STAFF 60 director, page 3 should be filed v well. M.D 22d ADDRESS 22c PHYSICIAN'S NAME (Type) 6110 CARC. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d LOCATION (City or Town) (County) (State REMOVAL (Specify)
Burial Loudon Park CEME 30/66. 24. FUNERAL DIRECTOR Ochonias VR A15 (4) 1966 20 M 1/66 Leonard J. Ruck, Inc. 5305 Harford Rd.



1 1	MAR DIVISION OF STATISTICAL RESE		PARTMENT OF HEALTH , 301 W. Preston Street, Baltimo	DRE 1. MARYLAND
5 EV2	~6£04	CERTIFICATI	· · · · · · · · · · · · · · · · · · ·	96598
24 hours after death. filled in by the funeral apers. Pages 1 and 2 no 72 hours after death.	1. PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	USUAL RESIDENCE (Where deceased lived, If in a. STATE Maryland b. COU	
rs aft by th Pages Irs aff	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, w	rite RURAL and give nearest town)
hours of in by Page 18. Page 19. Page 1	Dundalk	3 g yrs.	Dundalk	A C DEPIDENCE
24 h filled papers in 72 l	d. NAME OF HOSPITAL OR INSTITUTION (If not in h Res., 811 S. 50 th Street	ospitai, give street address)	811 S. 50 th Street	e. IS RESIDENCE ON A FARM?
T 0,7 7 1	3. NAME OF First	Middle	Last   4. DATE Mont	21222 YES NO TOTAL
d within 24 1 mpletely filled carbon paper. ent, within 72	(Type or print) MATILDA		MILLER DEATH MAY	26- 19 66
£ 2 2 2 3 3 1	5. SEX 6. COLOR DR RACE 7. MARRIED		ast birthday)	Months Days Hours Min.
exect and remo	Female: White WIDOWED  10a, USUAL DCCUPATION (Give kind of work done) 10b, is		Dec. 10-1891 74 yrs.  11. BIRTHPLACE (County & State, or foreign country)	y)   12, CITIZEN OF WHAT
e be or sician lease and In	10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired)  HOUSEWIFE	NDUSTRY	Poland	COUNTRY?
cate bothysici	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	Usbane
ing ing There	Casimir Rutkowsl	đ	Frances Prock	
eath certifica attending ph ermit. Then pon, or removal	(Yes, no, or unkown)   (If yes give war or dates of service)		INFORMANT Addre	NAM -
e death c the atten it permit.			aughter, Mrs. Catherine B	arr, # 2,a,b,c,d
the n. by th insit remat	18. CAUSE OF DEATH [Enter only one cause per   PART I. DEATH WAS CAUSED BY:	line for (a), (b), and (c).	1. au 60 2	ONSET AND DEATH
es that signed l urial-trai	IMMEDIATE CAUSE (a)	0	and Notes	,
ires that the death certificate physician. signed by the attending phy builatransit permit. Then phurial, cremation, or removal,	Conditions, if any, which gave rise to immediate	Mond of our	re (. V. Mseone	3 yr
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burlal-transhould be filed with the State Dept. of Health prior to burial, cre	cause (a), stating the DUE TO underlying cause last.	abeles me	elitie	5973
ne law r atten te has use as ith pric	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION  20a. ACCIDENT WAS UNDERLYING   20b. OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PERFORMEDI
K: The Tall of the	20a. ACCIDENT WAS UNDERLYING 17 20b.	DESCRIBE HOW INJURY DCCU	RRED. (Enter nature of injury in Part I or Part II	of Item 18.)
SICIAN: The hospital or so certificate for up to the alt	20a. ACCIDENT WAS UNDERLYING TO 20b. GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		, ,	
PHYSICIAN: The the hospital or this certificate detached for use Dept. of Health	ZOc. TIME OF INJURY Month, Day, Year 20d. Hour a.m. While p.m. 19 at wor	factor	CE OF INJURY (Home, farm, 20f. (City or town) ry, street, office bidg., etc.)	(County) (State)
ING I by Affer Stat		k at work	1965 to May 27	2061 21 22 10 16 102
OR ATTENDING be retained by IRECTOR: Afte e 3 should be id with the Sta	21. I certify that (I) (this nospital) attends	led the deceased from	death occurred at 2:00 from the causes	that (I) (we) last and on the date stated above.
3 sk	22a. SINATURE	, /	11117	22b. DATE SIGNED
DIRE	O Down C. Moele	onall M.D		May 27-1966
O HOSPITAL Page 4 may O FUNERAL director, pag should be fill	22c. PHYSICIAN'S NAME (Type) Stephen C. I.	Mackowiak M.D.	22d. ADDRESS 6714 Holabird Ave. Balt	o. Md.
Page Page Fun Fun direct	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Burial May 30-1966	Sacred Heart		ryland 21222
Mr. and Mr.	JOHN J. DUDA, Dundalk, Mary	110011200	25a. REC'D BY REGISTRAR 25b. I	REGISTRAR'S SIGNATURE
VR A15 (4) 15M 4-64	Donn de Dobn, Dundark, Pari	y distribution for the state of	DAJUN 2 1966 #	harles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission o. COUNTY o STATE b (OUNTY ō deoth MARY AND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 15 write RURA, and give nearest town write RURAL and give negrest town nos d NAME OF HOSPITAL OR INSTITUTION ( Enot in hospital give street address) d. STREET ADDRESS hours Item 18, Give Pages 3 NAME OF Middle Doy Year **DECEASED** DEATH 6 COLOR OR RACE IF JNDER 1 YEAR AGE (In years) lost birthdoy) Months W-DOWED. 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OR 12 CITIZEN OF WHAT COUNTRY 2 during most of working life, even if retired) to uning facts in any 13 FATHER'S NAME MOTHER'S MAIDEN NAME pencil puo 17 INFORMANT removol, (Yes, no, or unknown) (if yes give wor or dates of service 2/8281637 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY 5 IMMEDIATE CAUSE (o) cremation, DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) YES NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of stem 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d NJJRY OCCURRED 20e PLACE OF NJURY (Home form, (City or fown) (County) (State) factory, street, office bidg., etc.)-O FUNERAL DIRECTOR: Page Health or its designated age of work at work 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection X Inquiry 💢, and in my opinion Suicide death resulted from. Natural causes X Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Bury & pecify) Grace Methodist Black Rock Rd. Balto. Md. ADDRESS 2SO REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **VR A15ME (5** J. F. Eline & Sons Reisterstown, Md. 6M 1/66



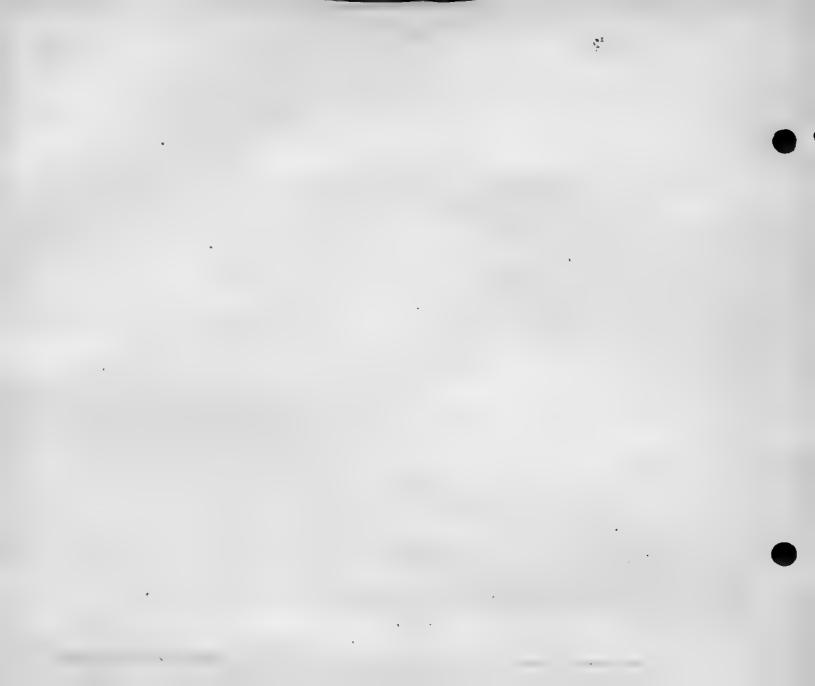
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 26606 CERTIFICATE OF DEATH funeral after death, and deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY Bal timore b. COUNTY Paltimore the fees 1 after Maryland MARYLAND b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)
Durndalk C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Page 24 hours months Dundalk Ξ papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS 72 a. IS RESIDENCE DN A FARM? 8015 Gray Haven Rd. Res within 8015 Gray Haven Rd. NO within etely YES completely ve carbon NAME DE 3. First Middle Last DATE Month Day DECEASED Year DF DEATH event. ALMA A. MONTGOMERY (Type or print) May 66 19 executed 6. COLOR OR RACE | 7. MARRIED 5. SFX 8. DATE OF BIRTH NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months i Female White Days Aug. I- 1883 WIDOWED [ DIVORCEDIAXI 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT leath certificate be during most of working life, even if retired) COUNTRY? Retired. Maryland Casualty Co. tending physicit. Then plea Maryland U-S-A-13. FATHER'S NAME removal MOTHER'S MAIDEN NAME George Sumwalt Ella: J. Sumwalt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? d by the attend transit permit. cremation, or n 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or amkown) (If yes give war or dates of service) 212-10-3162 Grandson, I'm. Wm. H. Montgomery. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c), been signed that the burial-transit ior to burial, cremat INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: DNSET AND DEATH the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO law requires Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WAS AUTOPSY for use Health 19. PERFORMED? YES NO DE 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) tached 1 Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) While Not While at work at work retained DIRECTOR: A age 3 should iled with the ? 0 21. I certify that (I) (this-hospital) attended the deceased from saw the deceased alive on and that death occurred atomic M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED filed ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D. Page 4 may PHYSICIAN'S FUNERAL ADDRESS director, p should be 22d. NAME (Type) Magene F. Nev Mornington Rd. Dundalk, Md. 21222 BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Burie -1966 Cedar Hill Ritchie Hawy. Balto. Md. 25 FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE DUDA. Dundalk. Maryland 21222 1966 VR A15 (4) 1/65



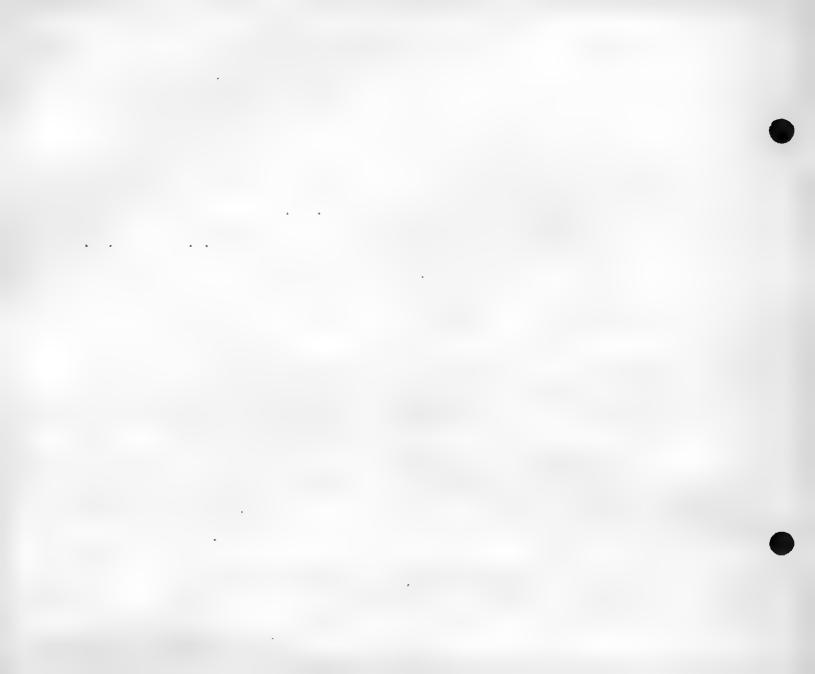
RYLAND STATE DEPARTMENT OF HEALTH



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral should hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY by the and 2 death. daltimore MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b 24 write RURAL end give neerest town! after ء. wks lowson Pages Couson within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE hours ON A FARM? 1307 "oland Ave. papers. n 72 hol YES NO 144 Maris Hospice 3. NAME OF Middle DATE Yes Last 4. Month Dav DECEASED OF within (Type or print) DEATH Margarat Cecilia Moore 19 carbon 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED DATE OF BIRTH AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS and lest birthdey) Months WIDOWED 7 DIVORCED physician гетоме 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Houseuri fe Harrisburg. please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending William Heaps Illen Swartz ioval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Ifyas give war or detas of service) Melville AVE INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse pentine for (a), (b), and (c), ONSET AND, DEATH PART I. DEATH WAS CAUSED BY marin IMMEDIATE CAUSE (e) -transit DUE TO Conditions, if any, which gave rise to immadiate cause DUE TO (a), stating the underlying course lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 95 CERTIFICATION PERFORMED? NO 200, ACCIDENT WAS UNDERLYING [] jo 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Part II of item 18.) OR CONTRIBUTING [ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED : 20e. PLACE OF INJURY (Homa, form, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dev. Year ö factory, street, office bldg., etc.) Not While Hour a.m. DIRECTOR: at work et work p.m. to 5/1/66 ....., 19...., that (I) (we) last State saw the deceased alive on 22a. SIGNAZURE DATE SIGNED ATTENDING MED. with ± FUNERAL PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, be filed Cathedralk 23d. LOCATION (City, town or county 230 BURIAL, CREMATION, | 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 0 REMOVAL. (Specify) lto Balto Burral 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A1S 20M



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death death puo 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission. completely filled in by the funeral PLACE OF DEATH b. COUNTY Prince George's o. COUNTY o. STATE Baltimore Maryland= MARYLAND hours after b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Catonsville Adelphi, Maryland O days d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? event, within 72 SPRING GROVE STATE 8309 Fourteenth Avenue HOSPITAL YES 🗔 NO [ 4 DATE signed by the attending physician and completely f buriol-transit permit. Then please-remove carbon 3 NAME OF First Middle Lost Month Yeor DECEASED Oliver Moreland May 21 19 (Type or post) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH birthday) Months Doys white Nov. 20, 1895 male WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country)
Washington, D.C. 10a USJAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working the even if retired) INDUSTRY BAKERY COUNTRY? GUM WATCHMAN 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remova LOWER. unimown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, ar unknown) (If yes give wor or dates of service) Records: SPRING GROVE STATE HOSPITAL INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).)
PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH Cardiac failure IMMEDIATE CAUSE (6) physicion. DUE TO Conditions, if any, which gove Arteriosclerotic heart disease rise to immediate couse (a), DUF TO stating the underlying couse as the hos been lost. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO DO TO FUNERAL DIRECTOR: After this certificate jo 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4 moy be retained by the hospital 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH 3 should be detoched with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work 19 66, and that death accurred at M. fi May 21, 1966, that (1) (we) last 21. 1 certify that (this haspital) attended the deceased fram. M, fram causes and an the date stated above. saw the deceased alive an May 21 22b. DATE SIGNED 22o. SIGNATURE Scella **ATTENDING** M.D. DIRECTOR director, page should be filed 22d ADDRESS GROVE STATE HOSPIOAU 22c. PHYSICIAN'S Stella Wachsler, M.D. NAME (Type) Maryland 23b DATE THEREOF (Stote) 230 BURIAL, CREMATION, (County) REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 66 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE BALTIMORE

b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) MARYLAND death. Department c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Jiner may OWSON ALTIMORE after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? State S. L. MARIS 4301 HOSPICE ROLAND NO [ rs after death. If any del 18. Give Pages 1, 2, and along with form PM3. NAME OF Middle DATE Month Day DECEASED AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS | Isat birthdey) | Months | Days | Hours | 141 (Type or print) DEATH 2 with 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED WIDOWED DIVORCED [ AUG 20 1878 | 67 71 | 11. BIRTHPLACE (State or foreign country) l and l 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT COUNTRY?  $\vdash$ RETIRED

13. FATHER'S NAME pages 1 in any ( BALTIMORE, MOTHER'S MAIDEN NAME XAMINER: This certificate should be executed within 24 hours, certificate, writing the word "pending" in pencil in Item should be forwarded to the Chief Medical Examiner's Office WILLIAM F.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? ALICE HANAWAY File 16. SOCIAL SECURITY NO. (Yes, no. or unknown) ( If yes give war or dates of service) permit. remove, HARLES INTERVAL BETWEEN MUSET AND DEATH MILTON ZETLER 0. 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY: burial-transit t IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (e), stating the 60 underlying couse last. used as to burial, (c) WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? ld be 208. EXTERNAL CAUSE WAS PRIMARY OF DEATH. 3 shoul MEDICAL 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) factory street, office bldg., etc.) Not While CTOR: Page designated at work at work 21. I certify that took charge of the remains described above, held an Autopsy and in my opinion Inspection Inquiry DIRECTOR: Suicide Undetermined manner death resulted from: Natural causes Accident Homicide CHIEF MEDICAL EXAMINER execute r. your DATE STONED ACTUAL ASSISTANT MEDICAL EXAMINER M.D. SIGNATURE Į0 FUNERAL I DÉPUTY MEDICAL EXAMINER please ex director. retained ( **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23a. BURIAL, CREMATION REMOVAL (Specify) 23d. LOCATION (City, town or county) (State) 23b. OATE THEREOF 5 0 BURIAL CATHEDRAL ADDRESS 25a. REC'D BY REGISTRAR! 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Milarles 1966 VR ALSME (5) SON 805 N. CALVERT ST å



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) CATANSJILLE DALTIMOR d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? 5. LOUDON 12/51 YES NO 3. NAME OF Middle Month DECEASED OF (Typs or print) DEATH 1966 5. SEX AGE Un years [IFUNDER I YEAR ] B. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) and WIDOWED physician 10a. USUAL OCCUPATION (GIVE kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) HUVSE KELPER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) 16. CAUSE OF DEATH [Enter only pna cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rue to immediate cause **BUF TO** (a), stating the underlying PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED , 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stala) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m. /// (we) last 22b, DATE 22a. SIGNATURE SIGNED ATTENDING STAFF PHYS DIRECTOR M.D. FUNERAL 22d. ADDRESS 22c PHYSICIAN Pelij 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coupty) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Spacify 0.58 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)

RYLAND STATE DEPARTMENT OF HEALTH



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	pletely filled in by	ers. Pages 1 and 2 and be filed with
certificate be execut	haspital ar attending physician. Her this certificate has been signed by the attending physician and completely filled in by	72 have carbon pap
quires that the death	igned by the attendi	age 3 shauld be da fee use as the burial-transit permit. Then please remave carbon po re registrar priar to burial, crematian, ar remaval, and in any event within 72 haum the feet
ISICIAN: The faw re	may be relained by the haspital or attending physician.  FUNERAL DIREC.  After this certificate has been si	page 3 shauld be dimined for use as the burial-transit permit. Then pleas the registrar prior to burial, crematian, ar remaval, and in any event within
OR ATTENDING PHY	REC After this	be duried for use riar to buriel, crema
TO HOSPITAL C	TO FUNERAL DIREC	page 3 shauld the registrar p

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1.	PLACE OF DEATH a COUNTY	BALTI	MORE	MAR	RYLAND		DENCE (WA		d lived If institut b COUNTY	. 9%		e odm ss	,
Г	b. CITY OR TOWN	(If outside corpore	ole limits, write	c LENGTH OF STA	Y IN 1b	c. CITY OR	TOWN (If a	utside carpo	orate limits, write	RURAL and	give nea	rest lawn	}
	ת	ALTIMOR	RE			BAI	TTMO	DRE (	COUNTY				. 1
Г	d. NAME OF HOS OR INSTITUTIO	PITAL (If not in has	pital, give street o	address)		d. STREET A	DDRESS				4	e. IS RESI	DENCE FARM?
		2001	BELLONA	AVE		6904	BELL	ONA	AVE				NO [
3.	NAME OF DECEASED		First	Middl	le	tos	st .	4. DATE	Ма	nth	Day	y 1	reor .
	(Type or print)	1	HILIP	$J_{\bullet}$		Mure	Ŧ	OF DEATH	Ma:	Y	28	1	966
5.	SEX	6 COLOR OR	RACE 7. MARR	ED NEVER MAR	RIED 🔲	8. DATE OF BIRTI	Н		9 AGE (in years lost birthday)				R 24 HRS.
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<u></u>		CHARLES		JTH	- T		IRY E	BELLI	E ELLII	IGER			
15. (Ye	WAS DECEASED E	(If yes, give wor or d	D FORCES? 16. S	SOCIAL SECURITY N	700	NFORMANT	7./	T.	Add	dress		77	
		1				LIP J.	Mua	$H_{p}UI$	r 206 (	JAKD	ALE	RD	
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	PARIT D	EATH WAS CAUSE IMMEDIATE CA	USE (a)	Mei	000	8666	(-, -, -, -, -, -, -, -, -, -, -, -, -, -	400	c426			et a	
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1	cause (a), statir	ng the <u>under-</u>	OUE TO		1.								
-	lying couse los	<u> </u>	(c)										
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MEDICAL	20c. TIME OF INJ Haur a. n p. 17	۹.	While	Not while	20e PL/ foc	CE OF INJURY ( lary, street, affice	Home, farm, e bldg., etc.)	20f (City	or town)		(County)		(State)
	21. I certify	that Lattende	d the decease	d from	in pr	∠, 19 <u>5</u> 2	- to	162	- j 23, 1965	that I	lost so	ny tha	docean
	alive an	1264	11196					M from	n the causes	and an i	ha dai	o state	decease.
П		2	1771	/		20001100			treet, city or lawn.		ille dui	DA	TE SIGNE
	ACTUAL SIGNATURE	Theres &	Robert	C. KER	,	un 610	ofor	212 A	L			5/2	9/66
	PHYSICIAN'S NAME (Type)	FREDER	TCK J.	Vollme	R	13.	aleen	120. TC	itia 21	212			- <i>f-f-</i> -¥- <u>-</u>
220	BURIAL, CREMAT	ION, 22b. DATE T	HEREOF	22c NAME OF CEA	METERY OF	CREMATORY		22d. LOCA	TION (City, town,	ar county)		(State	1
	REMOVAL (Speci	5/31	1/66	NEW C.		DRAL		- 10	LTIMOR!	41.4	'n.	(a) a /c	,
23.	FUNERAL DIRECTO	OR'S SIGNATURE	7	ADDRESS	A I BE		S40 AREC'D	ABY REGIST	RAR 24b REG	STRAR'S SI	GNATUR	E	
	. W. M	EARS &	SON 8	$05 N_{\bullet} C.$	ALVE	er Sr	MAY ,	31 18	166 /fcc	carle	, Ju	Ise.	

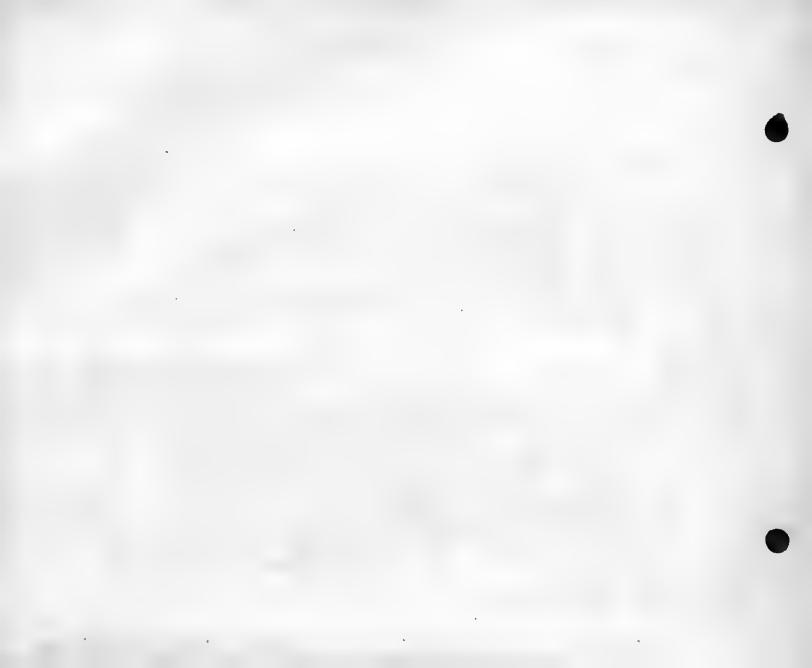
TO HOSPITAL OR ATTENDING PHYSICIAN: The fav VS A1S (4) 15M 10/S7



- 10		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
E 57 [V]		06615 CERTIFICATE OF DEATH 06607
death.	1,	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY
ter ter		Baltimore Maryland Maryland b. CDUNTY
rs after by the fi Pages 1 urs after		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
in 1. Pours		Baltimore 3 yrs. Baltimore
14 h		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET AOORESS  e. IS RESIDENCE DN A FARM?
the second of th	3.	Milford Manor Nursing Home 4109 Norfolk Avenue YES NO K
executed within 24 hours after death and completely filled in by the funeral femove carbon papers. Pages 1 and any event, within 72 hours after death		DECEASED (Type or print) Pauline S. Nathanson DEATH May 23 19 66
con	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.   last birthday)   Months   Days   Hours   Min.
and and any	10.	remade while widowed Divorced 84 yrs.
	dur	. USUAL OCCUPATION (Give kind of work done Industry) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT CDUNTRY?
a e	13.	Housewife At Home Lithuania USA FATHER'S NAME 14 MOTHER'S MAIDEN NAME
tifica g p hen nova	"	
The law requires that the death certificate be consistent or attending physician, cate has been signed by the attending physician ruse as the burial-transit permit. Then west ealth prior to burial, cremation, or removal, enach	15	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT
atte n, o	CYC	s, no, or unkown) (If yes give war or dates of service)  Mr. Henry Nathanson 4505 Penhunst Avenue
e de the it pe		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), } INTERVAL BETWEEN
it th an. d by ransi	П	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Preumoner  ONSET AND PEATH
tha Sici gnec jal-ti	Ш	493X DUE TO
n si bur	Ш	Conditions, if any, which gave rise to immediate (b)
law requi		cause (a), stating the DUE TO
law tten thas thas pric	₹ 0	underlying cause last. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)   19. WAS AUTOPSY
The or a ate use	CATI	A SCVD, C Comenti Ut, Faction YES NO P
tific for the	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
SICIA hosp ched ched pt. c		(IF EITHER, NOTIFY MEDICAL EXAMINER)
PHY the this detail	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, Hour a.m.   While   Not while   State)
OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. SIRECTOR: After this certificate has been signed by 3 should be detached for use as the burial-transed with the State Dept. of Health prior to burial, created with the state Dept.	MEC	p.m. 19 at work at work
END!		21. I certify that (I) (this hospital) attended the deceased from 1963 to 5-/23 19.66, that (II) (we) last
ATT reta ccro sp. sp.		saw the deceased alive on 125 1966, and that death occurred at 1/4 M, from the causes and on the date stated above.
DIRE Sed y		M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DISTAFF
TAL may		22c. PHYSICIAN'S (22d. ADDRESS
OSP JNE 4 Sctored E		pr. Morton 3. Ellin 8629 Liberty Road
TO HOSPITAL OR ATTENDING PHYSICIAM: The law requested A may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has bee director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	238	REMOVAL (Specify)
	24	Bureal 5/24/1966 Beth Tailohn Bactmone, Marylana
VR AI5 (4)		of Levinson & Bros. 6010 Reisterstown Road MAY 24 1966 Charles Judge.
20M 1/65		1 0001 1 2 10001



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 26614 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) p COUNTY BALTIMORE COUNTY MARYLAND o. STATE b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURA, and give nearest town) write RURAL and give nearest town? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) e IS RESIDENCE ON A FARM? d STREET ADDRESS BALTIMORE QOU NT GENERAL NAME OF DATE DECEASED OF DEATH WILLIAM NEEB MA 1966 (Type or print) S SEX IF UNDER 1 YFAR IF UNDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH AGE ( n years 7 MARRIED lest birthday Hours WIDOWED DIVORCED 100 JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) **COUNTRY?** PLUMBER 13 FATHER'S NAME 14 MOTHER'S MAJOEN NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT. 16 SOCIAL SECURITY NO (Yes, no, or, inknown) (If yes give wor or dotes of service VEEB. 2116-STLUKES cremotion, CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH Truscardial IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the hospital or attending physician DUE TO Conditions, if any, which gove 1 rise to immediate couse (a), DUE TO stoting the underlying couse this certificate hos been 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO X 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour om foctory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After . 19 6 fe that (1) (we) las 21. I certify that (I) (this haspital) attended the deceased fram\_ 19 6 6 and that death accurred at 50 AM, fram Lauses and an the date stated/abave saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED STAFF PHYS, DIRECTOR 22c. PHYSICIAN'S 22d-ADDRESS NAME (Type) BURIAL, CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) LUOCD WOODLANA 250 REC'D BY REGISTRAR 1966

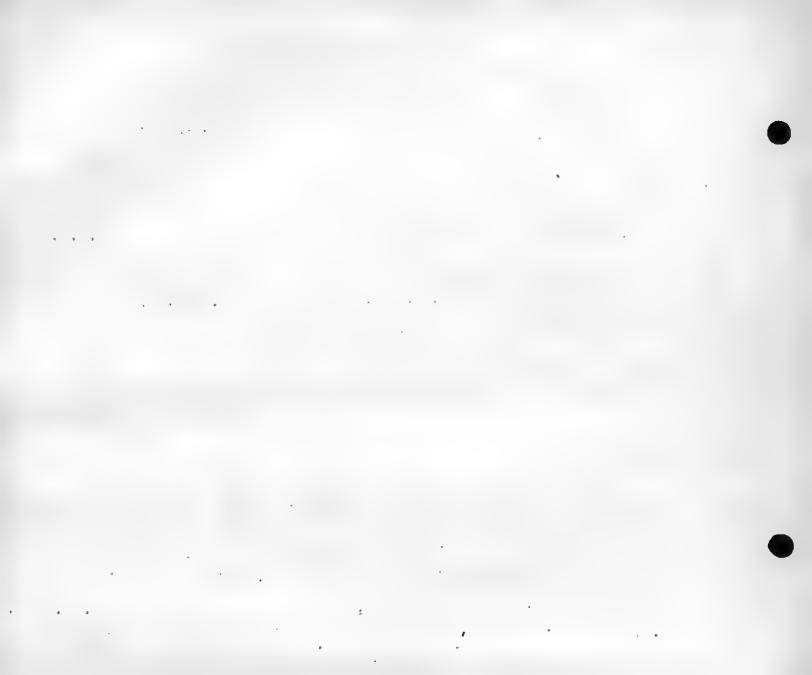


1 4	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM	IORE 1. MARYLAND
	CERTIFICATE OF DEATH	06809
hours after death, d in by the funeral s. Pages 1 and 2. thours after death		BALTIMORE
fille papel in 72	Baltimore County Gen. Hospital Grays brook	e. IS RESIDENCE ON A FARM?  YES NO X  Onth Day Year
executed within and completely remove carbon any event, with	OFCEASED (Type or print) Edwa Lola Nelson DEATH M	1966
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (County & State, of foreign count industry)  12. FATHER'S MAME  14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY?
hat the death certifica' ctan. ed by the attending ph -transit permit. Then i, cremation, or removal	(Yes, No, or unkown) (If yes give war or dates of service) 3/3-10-4857 Mars. Jaira V. Sunfant, 18. CAUSE DF OFATH [Enter only one cause per line for (a), (b), and (c).]	ATTORNA DE EMS  ANTERVAL BETWEEN ONSET ANO DEATH
PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. This certificate has been signed by the attending physician detached for use as the burial-transit permit. Then pleame Bept. of Health prior to burial, cremation, or removal, and is the barial prior to burial. The premites the prior to burial. The plane to burial to burial. The plane to burial t	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	INPART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
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TO HOSPITAL OR Page 4 may be TO FUNERAL DIR. director, page should be filed.	NAME (Type) B. ALONSO	(State)  (State)  (State)  (State)
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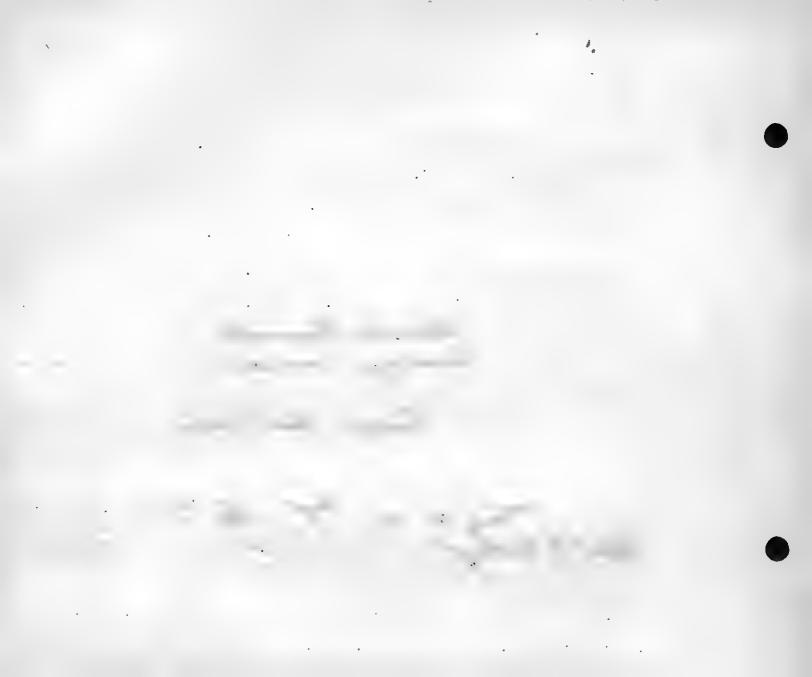
· Z. >

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH Baltimore **b. COUNTY** after Maryland npletely filled in by the 1 carbon papers. Pages 1 ent, within 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b 24 hours Baltimore BEKNIMSIN Towson d. STREET ADDRESS 1116 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE Overbrook Road ON A FARMA St. Joseph Hospital YES NO L within NAME OF 3. Middle Last DATE Mon th Day DECEASED DF (Type or print) Charles Nelson May 19, 66 DEATH 19 AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | Jast birthday) | Months | Oays | Hours | Min. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH remove Male White any 2-3-03 WIDOWED [ O IVORCED se in attending physician sermit. Then please reports on, or removal, and in 1Da. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired)

1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? law requires that the death certificate be Baltimore. Md. Clerk-Warehouse Sears-Roebuck U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME Peter Charles Nelson Marv Vanik 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the atten the burial-transit permit. or to burial, cremation, or (Yes, no, or unkown) | (If yes give war or dates of service) 219**-1**.0-73591 Mrs. Eleanor G. Nelson Same 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) NG FHTFICIAM: The law requires that t by the hospital or attending physician. Abdominal aneurysm 451X DUE TO Cenditions, if any, which gave rise to immediate DUE TO cause (a), stating the prior 1 underlying cause last. 88 CERTIFICATION PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY certificate h for use Health I PERFORMED? YES T NO M 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) t. of MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, (State) 2Df. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After Not While 19 at work at work OR ATTENDIN DIRECTOR: At age 3 should liled with the S 19 66 1966 that (I) (we) last May 19 21. I certify that (I) (this hospital) attended the deceased from to and that death occurred ab: 054M, from the causes and on the date stated above. saw the deceased alive on 22a. SICNATURE 22b. DATE SIGNED page **ATTENDING** May 19,1966 DIRECTOR PHYS. Page 4 may HOSPITAL FUNERAL director, p should be PHYSICIAN'S 22d. ADDRESS NAME (Type) Rostom D. Ribera 7620 York Road 21204 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 9 REMOVAL (Specify) Woodlawn, Balto.Co., 966 Lorraine Park Buria: 24. FUNERAL DIRECTOR H.W. Jenkins REC'D BY RECISTRAR | 250, REGISTRAR'S SICNATURE Sons Co. Road Milanley Judge VR A15 (4) Baltimore 20M 1/65



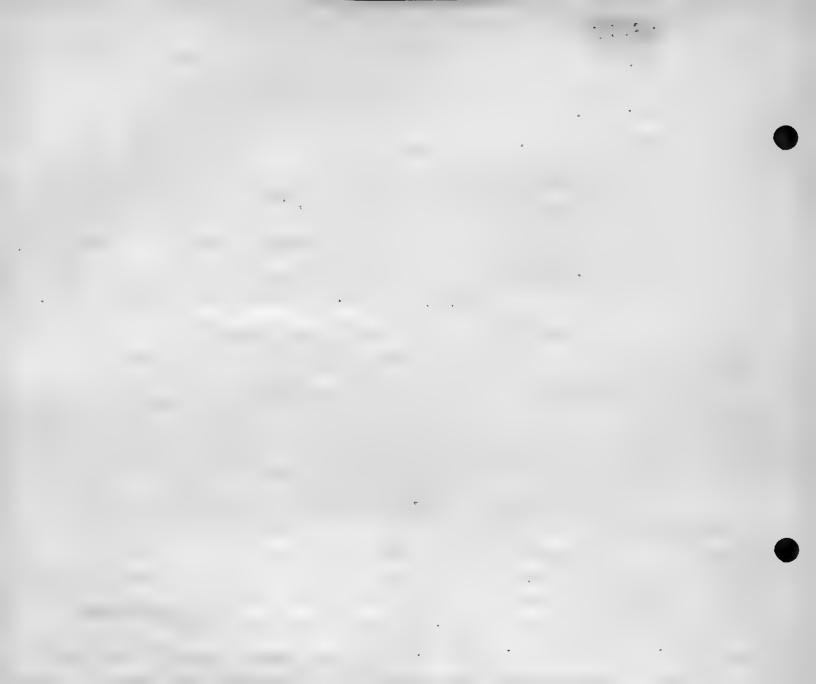
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death E 8 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY filled in by the f papers. Pages V hin 72 hours after Baltimore Delaware MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) Towson Wilmington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? event, within Chesapeake Manor Nursing Home YES NO Z 2100 Alex Rd. etely carbon NAME OF DATE Month Day Year Middle Last DECEASED comple (Type or print) DEATH Anna Neubauer May 1966 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months i Days Hours Female White WIDOWED & DIVORCED [ Dec. 31, 1891 74 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Retired U.S.A Baltimore, Maryland removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending of rmit. Then George Prager Emilie S. Adelung 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ed by the attend transit permit. cre≡ation, or r Address (Yes, no, or unknown) (If yes give war or dates of service) death 1500 Stonewood Rd. 12 216-10-7195 Mr. George L. Doetsch 18. CAUSE OF DEATH [Enter only one cause per line, for (a), (b), and (c), INTERVAL BETWEEN The law requires that the ONSET AND DEATH I-transi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed burial-t burial, DUE TO Cenditions, If any, which gave rise to immediate ま라 DUE TO cause (a), stating the as th underlying cause last. (c) 19. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health I PERFORMED? YES T NO X 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) ATTENDING PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING thed f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) be de State I factory, street, office bldg., etc.) Hour a.m. Not While at work After Id be d While 19 p.m. at work that (I) (we) last 21. I certify that (I) (this-hospite) attended the deceased from and that death occurred at 199M. from the causes and on the date stated above. saw the deceased alive on. DIRECTO DATESIGNED 22b. ATTENDING PHYS. MED. filed STAFF DIRECTOR O HOSPITAL Ba PHYSICIAN'S FUNERAL 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial /25/66 orriane Park Cemetery Baltimore. Maryland 24. FUNERAL DIRECTOR ADDRESS 258. REC'D BY REGISTRAR | 25b. REGISTR VR A15 (4) Cook-Brooks Inc. 1217 St. Paul St. 21202 20M 1/65



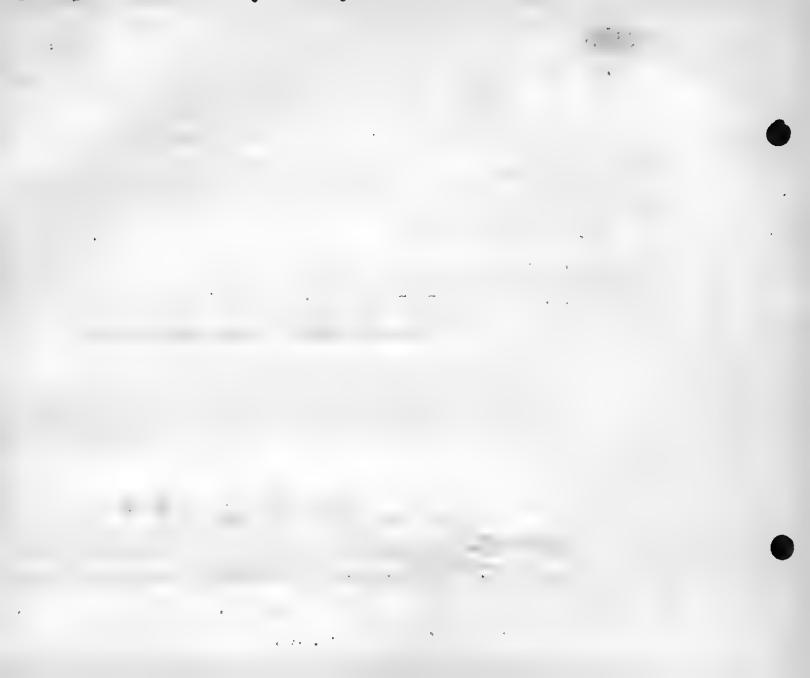
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Funeral after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. county Baltimore a. STATE Maryland b, COUNTY Reltimore MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours Ξ. 18 Towson hours Baltimore Ders. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE Chesapeake Manor Nursing Home ON A FARM? within Joppa Road YES No 3 110 Dumbarton Road executed within completely 3. NAME OF DECEASED First Middle Last DATE Month MAY Cecelia Owings (Type or print) DEATH 1966 AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | Instrument | IFUNDER 24 HRS. | IFUNDER 25 HRS. | IFUNDER 25 HRS. | IFUNDER 26 HRS. | IF 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED and in any II/I6/80 WIDOWED X DIVORCED [ 10a. USUAL OCCUPATION (Cive kind of work done i 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fore on country) certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Maryland Housewife removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME he attending phy permit. Then p Elmzabeth Tuer Henry Niemann 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 5 (Yes, no, or unknwn) | (If yes give war or dates of service) been signed by the auck the burial-transit permi-ior to burial, cremation, o Family - Same No 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. Mas **DUE TO** Conditions, If any, which ARTERIA SCLEROSIS gave rise to immediate DUE TO cause (a), stating the underlying cause last, CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY detached for use to Dept. of Health certificate PERFORMED? RHEUMATIC HEART DISEASE NO Z YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) After this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (State) 20f. (City or town) (County) Not While While at work at work should 1955 to. that (I) (we) last 21. I certify that (I) (this-hospital) attended the deceased from DIRECTOR: and that death occurred at 74. M. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SICNED 22a. SICNATURE ed ed ATTENDING PHYS. MED. STAFF Page 4 may Fil O HOSPITAL PHYSICIAN'S TO FUNERAL 22c. 22d. ADDRESS director, p should be f Scott. M. 600Belvedere 21210 BURIAL CREMATION J 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Loudon Park /I3/66 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR McCully - I30 E. Fort Ave. VR ALS



DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH within 24 hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution; Residence before admission) e. COUNTY . STATE Maryland by the and 2 death b, COUNTY Baltimore B altimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN TH c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Monkton .⊑ hours after Pages filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? completely College Manor, papers. Inc. YES NO S 3. NAME OF Middle Last 4. DATE Month Day Year DECEASED OF (Type or print) DEATH withi 19 66 5. SEX B. DATE OF BIRTH 1890 6. COLOR OR RACE 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED T THEVER MARRIED lest birthday) Months July 9, 1696\* certificate physician WIDOWED [ DIVORCED [ Female White гетоме 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 13. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) None New York Brooklyn. please IJ S .⊆ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME altending and William J. Gaynor Ruth Maver Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? removal, 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) ( (figesgive war or datas of service) Mrs. Fairfield Coogan, Unionville, Penna. 18. CAUSE OF DEATH [Enter only one cause per line for (a), 5 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed cremation, IMMEDIATE CAUSE (a burial-transit DUE TO aftending peen Conditions, if any, which gave risa to immediate couse DUE TO (a), stating the underlying the cause last. certificate the hospital Se PART II. OTHER SIGNIFICANT CONDITIONS 19. WAS AUTOPSY 0 CERTIFICATION PERFORMED? use prior NO be detached for 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enlar nature of injury in Part I or Part II of item 18.) After this Health IJF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING be retained by MEDICAL 20e. PLACE OF INJURY (Home, farm, ) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20f. (City or town) (County) (State) ö factory, street, office bldg., etc.) While Not While Hour a.m. DIRECTOR Dept. at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from should State and that death occurred ab. J. Afform the causes and on the date stated above saw the deceased alive тау 22a. SIGNATURE DATE TO FUNERAL director, page 3 be filed with the **ATTENDING** SIGNED HOSPITAL DIRECTOR PHYS. PHYS. Page M.D. 22c. PHYSICIAN'S ADDRESS NAME (Type) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 238. LOCATION (City, town of county) (State) REMOVAL (Specify) Monkton, Maryland May 4. 1966 James Church Cemetery Burial 24 FUNERAL DIRECTOR'S SIGNATURE 1650 Xppxdx Road 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Wm. Cook-Brooks Towson Towson 4, Maryland VR A15 (4): 20M S-63



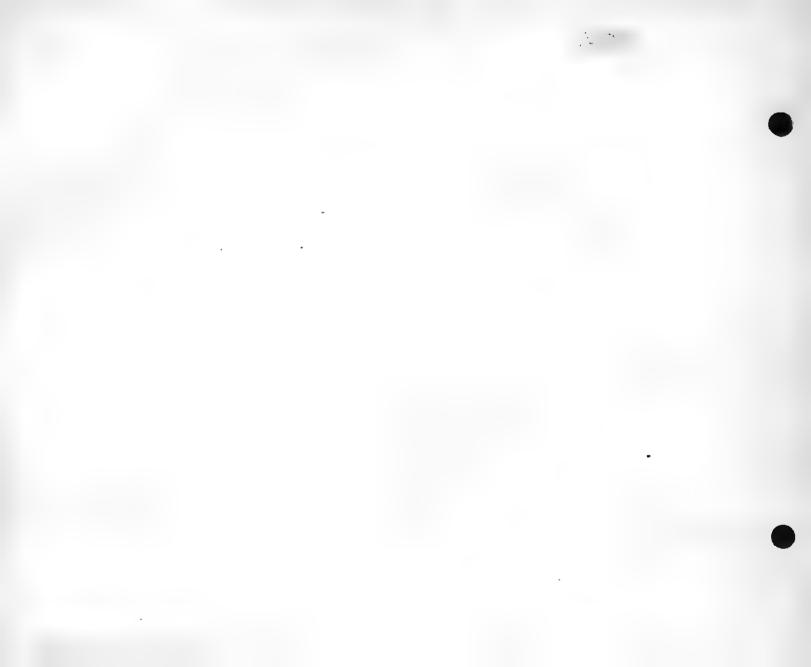
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and 2 funeral 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) a. COUNTY letely filled in by the further papers. Pages 1 and within 72 hours after a ALTIMO MARYLANO CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b LTIMORE MORE ALTI e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? ROAD SOUTH BEND GREATER BALTIMORE MEDICAL CENTER 55 10 NO D YES executed within and completely carbon Day NAME DE First Middie Last OATE Month Year 1966 DECEASEO OF DEATH 5 PARKE (Type or print) ACK AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Iast birthday) | Months | Days | Hours | Min. DATE OF BIRTH SEX 6. COLOR OR RACE remove 7. MARRIED 🔂 NEVER MARRIED 🗀 апу MALE WICOWEO [ DIVORCEO 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) all siglan lease PHYSICIAN: The law requires that the death certificate be INOUSTRY S. Jewelry BALTIMORE. MD. LESMAI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME n signed by the attending burial-transit permit. Then burial, cremation, or remova Eugene G. Parker Annie Hair 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, er unkown) (If yes give war or dates of service) Mrs. Nancy Parker Same Yes INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BRONCHOGENIC CARCINOM ATOSI Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) 162 DUE TO Conditions, if any, which (b) certificate has been gave rise to immediate 불유 DUE TO cause (a), stating the as th prior underlying cause last. (c) **WAS AUTOPSY** PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. CERTIFICATION r use PERFORMEO? YES' X NO P. F. 202. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) I be detached for State Dept. of B MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work ATTENDING 19 at work p.m. FUNERAL DIRECTOR: A director, page 3 should hould be filed with the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 9000M. from the causes and on the date stated above. saw the deceased alive on 3 showith OATE SIGNED 22a. SIGNATURE page ATTENDING PHYS. DIRECTOR PHYSTCIAN'S 22d. ADDRESS 22c. NAME (Type) GRETTER L015 MARY HIMOVICH directo LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY 23d. BURIAL, CREMATION, 23b. OATE THEREOF REMOVAL (Specify)
Burial Baltimore National Baltimore. Cem. Md 🛮 REC'D BY REGISTRAR | 25b. 24\_ FUNERAL DIRECTOR Jenk Balto York Road VR A15 (4) 20M 1/65



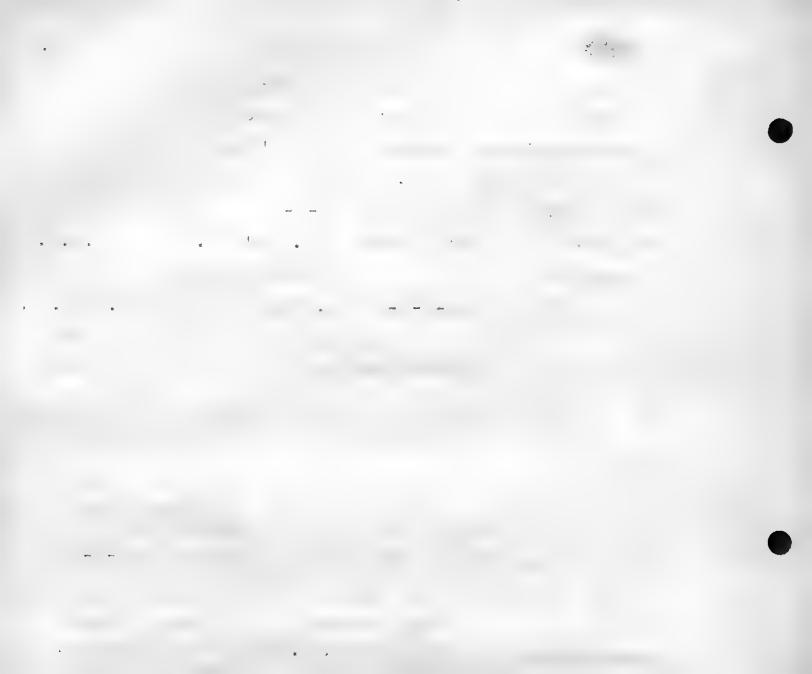
MARYLAND STATE DEPARTMENT OF HEALTH



4 1 5	1	MARYLAND STATE DEPARTMENT OF HEALTH	
(IX		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212  OS622  MEDICAL EXAMINER'S CERTIFICATE OF DEATH	:01
FUN STATE	ackslash	06622 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00010
HEALTH DEPT.	Î	PLACE OF DEATH  a. COUNTY  2 USUAL RESIDENCE (Where deceased lived, if institution, Residence of COUNTY)  a. STATE	ce befare admiss an
is to		Baltimore, Baltimore, MARYLAND Maryland Baltimo	re-
detay is and 3 to PM3. Page		with RIPAL and give	nearest tawn)
my delay is 2, and 3 to PM3. Page		Rural- Dundalk life Baltimore - rural	3: 4
THE SE	I	d NAME DF HDSPITAL DR INSTITUTION (f not in hospito g ve street oddress)  Roadside creek near Sparrows Point Rd	e IS RESIDENCE ON A FARM?
24 haurs ofter death. If in Item 18. Give Pages 1, r's Office along with farm es 100620, in the State De		I217 Cavendish Way	YES NOXX
24 havrs ofter death. in Item 18. Give Page r's Office along with f es I and Z	3	NAME OF First Middle Last 4 DATE Month DECEASED ALVIN L PERRY OF May	Day Year
fer d Give ong v n the	5	(type or print) DEATH PLAY	13 66
	1	A last birthday	Days Haurs Min
E E E	100	I IS. ALD CCUPATION (G. ye kind of work dane 10h K.ND. OF RUSINESS OR 1 BUTTLE ACE (State or foreign on this) 12 CU	IZEN OF WHAT
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ed with in period of the standard of the stand	15	. WAS DECEASED EYER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dates at service)  NO  Virginia Perry T2T7 Caylondd	
dico dico ovol	L	no Virginia Perry 1217 Cavendi	sh War
s certificate should be executed within 24 haurs e, writing the word "pending" in pencil in Item I forwarded to the Chief Medical Examiner's Office used as o burial-transit permit. File pages I and a burial, cremation, or removal, and in any events.		18 CAUSE OF DEATH (Enter anly one cause per ne for (a), (b), and (c))	NTERVAL BETWEEN
be hield hield		PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (o) Probable drowning	ONSET AND DEATH
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shi v he v to til		Canditions, if any, which gave (b) (b)	
ficote fing the ded of os o		stating the underlying cause   DUE TO	
MEDICAL EXAMINER: This certificate should please execute the certificate, writing the word director. Page 4 should be forworded to the Chetained for your files.  DIRECTOR: Page 3 should be used as a buriol-tro basignated agent, prior to burial, cremation, is designated agent, prior to burial, cremation,		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19 WAS AUTOPSY
e, writi forwor used buria	i i	Acute alcoholism - Ingestion of barbiturates	PERFORMED?
This icate be for the formula per to the formula pe	CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part L or Part L of item 18.)	11. XX 40
ILEACAL EXAMINER: This assessed execute the certificate, irector. Page 4 should be financed for your files.  IRECTOR: Page 3 should be designated agent, prior to		RRIMARY (≦) or CDNTRIBUTING ☐  CAUSE OF DEATH.	
INER ne cerr shoul files. 3 shou	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City ar town) (Cause Haur a.m. While Not While factory, street, affice bldg., etc.)	nty) (State)
EXAMINER: cute the cert oge 4 should ryour files. Poge 3 should do gent, pri	Æ	Hour a.m.  19 While Not While factory, street, affice bldg., etc.)	
AL EXA execute r. Poge I for you roll for you nated o		2) I certify that I taak charge of the remains described above, held an Autopsy 🔯, Inspection 🗍, Inquiry 🗍,	ond in my apinion
CT of to		death resulted from Natural causes . Accident ., Suicide X, Hamicide ., Undetermined manner	
ease ease direction frain des		ACTUAL CHIEF MEDICAL EXAMINER	OO DAYS SIGNED
		SIGNATURE M.D ASSISTANT MEDICAL EXAMINER X	22. DATE SIGNED
DEPUTY MEDICAL EXAM seesary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR. Page solth or its designated age		EXAMINER'S Rudiger Breitenecker, M.D. DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	5-14-66
TO DEPUTY MEDICAL INCOMESSORY, please extra funeral director. 5 may be retained to Cuneral DIRECTOR Health or its design	230	BUR AL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LDCATION (City or Town)	County) (State)
5 = = 2 5 ±		burrat 5-16-66 Oaklawn Baltimore, Md	, , , , , , , , , , , , , , , , , , , ,
VR ATSME IOL	24	ADDRESS 2SD REG D BY REGISTRAR 2SD. REGISTRAR 5 SIG	
6M 1/66		Watter Caberrate 1005 Dundalle Clie, MAY 16 1966 Jelianle	) Judge



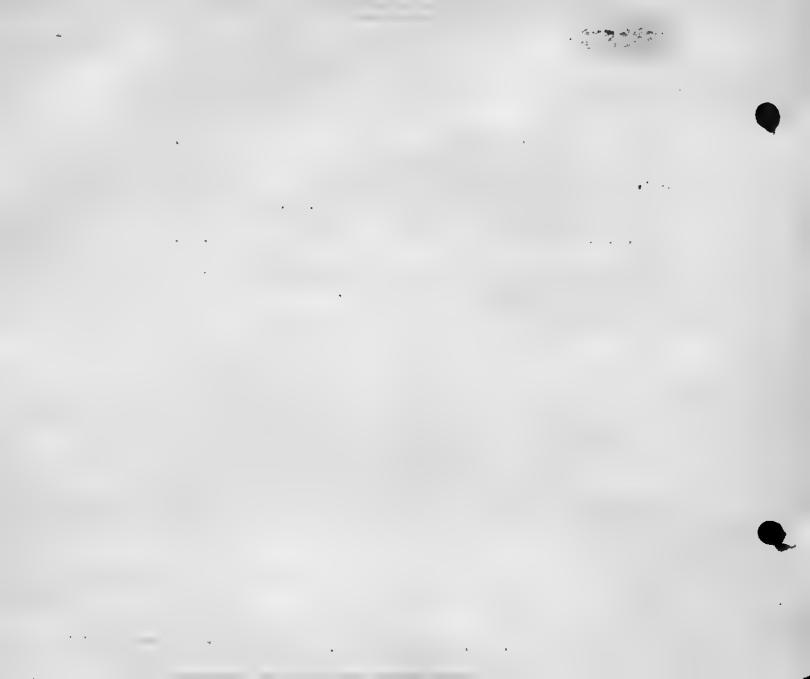
MARYLAND STATE DEPARTMENT OF HEALTH



1 x A	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  Items 3 & 9 Film G 376 5/2007 Film ATE OF DEATH
يد ہر کا کا	Items 3 & 9 Film G 3/6 5/2CERTIFICATE OF DEATH
death.	1. PLACE OF DEATH a. COUNTY 2. USDAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
er ft	Del 11 mars D. County
afte ges aft	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Maryland  c. LENGTH OF STAY IN 1b  write RURAL and give nearest town)
STI GE STILL	Baltimore Baltimore 21204
24 hours after filled in by the hapers. Pages 1 n 72 hours after	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS   6. IS RESIDENCE
e of the completely filled in by the 1 lease remove carbon papers. Pages 1 and in any event, within 72 hours after	St. Joseph Hospital 224 Linden Ave.
cuted within d completely love carbon p y event, withi	3. NAME OF First Middle Last 14. DATE Month Day Year
with	(Type or print) Howard Harold Herman Phipps DEATH May 13, 19 66
ted com	5. SEX   6. COLUR OR RACE   7 MARQUED OF MEDICAL   8. DATE OF BIRTH   9. AGE (In years 115 LINDER 1 YEAR LEGISLATION OF 74 HRS.
DU D	Mala Share William Company Com
	10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11 RIRTHPLACE (County & State or foreign country)   12 CITIZEN OF WHAT
a se	during most of working the event if retired).  Automotive lechnicial bt. Meade, Id. Maryland  11. BIRTHPLAGE (County & State, or foreign country)  12. CHIZEN OF WHAT  [13. County & State, or foreign country)  [14. Country & State, or foreign country)  [15. Country & State, or foreign country)  [16. Country & State, or foreign country)  [17. Country & State, or foreign country)  [18. Country & State, or foreign country)  [19. Country & State, or foreign country)
ohys ple al, a	13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME
tific nen nov	Robert M. Phipps Lillian Stahm
cer Trail	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address
The law requires that the death certificate to attending physician. cate has been signed by the attending physician use as the burial-transit permit. Then pleas eaith prior to burial, cremation, or removal, and	(Yes, no, or unknown) ((Lyes give war or dates of service) 213-01-9754 Family records
the perion	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
requires that the conding physician. been signed by the the burial-transit point to burial, cremating	PART 1. DEATH WAS CAUSED BY: COMPANY TO THE PART 1. DEATH
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ndir or the	cause (a), stating the DUE IO underlying cause last. (c)
law atte has e as o pr	
DING PHYSICIAN: The law requires that the bythe hospital or attending physician. After this certificate has been signed by the detached for use as the burial-trans State Dept. of Health prior to burial, or the burial or the bu	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
Terification (Control of the Control	20a. ACCIDENT WAS UNDERLYING [   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
SICIAN: hospital s certific iched for	GR CONTRIBUTING CAUSE OF DEATH G (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYS the h this this detac	3 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
ate e de	20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
ATTENDING PHYSICIAN: retained by the hospital GTOR: After this certificial should be detached four with the State Dept. of H	21. I certify that (I) (this hospital) attended the deceased from May 5, 1966, to May 13, 1966, that (I) (we) last
TENDI tained OR: A hould	saw the deceased alive on May 13. 19 66 and that death occurred at \$10 M, from the causes and on the date stated above.
AT rel	22a. SIGNATURE ( 22b. DATE SIGNED
or be on the same of the same	M.D. PHYS.   MEO. DIRECTOR   PHYS. X   May 13, 1966
TAL may KAL D	22c. PHYSICIAN'S   22d. ADDRESS
TO HOSPITAL OR ATTENDIPERS 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should be filed with the	NAME (Type) D.R. Govinda Rao, M.D. 7620 York Rd., Baltimore, Md. 21204
Page Page FUN direct	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
E 5	Burial May 16,1966 Warkwood (emetery Warkville, Maryland
X	24. FUNERAL DIRECTOR ADDRESS 25a. REG'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR #15 (4)	John Burns Sons, Towson, Maryland 17 1966 Charles Judge
20171 37 00	



	DIVISION OF STATISTICAL RESEARCH AND RECORDS		1, MARYLAND
	06625 CERTIFICAT	E OF DEATH	06619
3. 5. 10a do	Male   White   WIDOWED   DIVORCED      . USUAL OCCUPATION (Give kind of work in educing most of working life, even if refired)  Penna R. R. Retired	Sept. 16.1877 9. AGE (In years lest birthday) 88yrs.	e. IS RESIDENCE ON A FARMS YES NO X  Doy Year  1 966 19  DER I YEAR IF UNDER 24 HRS
15.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which gave rise to immediate cause (a), steting the underlying couse last.  PART II. OTHER SIGNIF. CANY CONDITIONS CONTRIBUTING TO DEATH BUT NOT	rs. Natelie Cook 8741 Lac	Kawana Ave.
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey. Yeer While Not While et work 19 19 19 19 19 19 19 19 19 19 19 19 19	death occurred at 3 M, from the causes and of D. ATTENDING MED. DIRECTOR PHYS. 122d. ADDRESS FREDERIC ACC. ACC.	22b. DATE SIEN SIEN SIEN
1.	Burial May 121966 Parkwood Ce	emetery Baltimore Md.  MAY 11 1966   Client	R'S SIGNATURE Ly Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deoth ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY a. STATE h COUNTY BALTIMORE MARYTAND MARYLAND b CITY OR TOWN (if autside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If guisside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) 14 DAYS BALTIMORE - 16 FORT HOWARD requires that the deoth certificate be executed within 24 how d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITA, OR INSTITUTION (If not in hospital give street address) 1806 BRADDISH AVENUE VETERANS ADMINISTRATION HOSPITAL YES NO IX 3 NAME OF First Middle DATE Last Month Doy Year DECEASED WILLIAM A. POPE MAY 16 19 66 (Type or print) DEATH S SEX 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR I IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last b rthday) Dovs Hours 3/30/90 MALE WHITE WIDOWED DIVORCED 10a USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 1) BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY MONTGOMERY CO. MD. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME JOSEPH POPE MATILDA THOMPSON 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, na, ar unknown) (If yes give war ar dates of service) 219 07 21 93 CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (d).) INTERVAL BETWEEN DAYS AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY: SEPTICEMIA, DUE TO UNDETERMINED CAUSE IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse this certificate has been the WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO ģ 200 ACCIDENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yeor 20d INJURY OCCURRED foctory, street, office bldg., etc.) Hour a.m. Not While of work pt work TO FUNERAL DIRECTOR: After 21. I certify that (X (this haspital) attended the deceased fram. 5/2/66 to 5/16/66 \_\_, 19\_\_\_, that**≾**1\ (we\ last be retoined and that death accurred at 1:304M from causes and an the date stated above /16/66 saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE ATTENDING 5/16/66 M.D. PHYS DIRECTOR PHYS. director, pag≡ should be filed 22d. ADDRESS 22c PHYSICIAN'S JOHN D. TALBERT, M. D. NAME (Type) VAH FORT HOWARD, MARYLAND BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BURIAL (Specify) BALTIMORE. MARYLAND 5-19-66 LORRAINE PARK CEMETERY 24 EUNERAL DIRECTOR ROBERT'C. ALTENBURG FUNCEA BESTONE 2Sb. REGISTRAR 5 SIGNATURE VR A15 (4) 20 M 1/66 6009 HARFORD ROAD, BATTMORE



6/1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
[6]		CESTIFICATE OF DEATH  Reg. Dist. No. 0662
	1. P	LACE OF DEATH COUNTY BALTO  2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE D  6. COUNTY
	l b	CITY OR TOWN (If autside corporate limits, write PURAL and give nearest town)  PURAL and give nearest town  A HONS  BURAL OND  BURAL
0	- 6	. NAME OF HOSPITAL (IF not in haspito, give street oddress) OR INSTITUTION 3 North Prospect Ave.  d. STREET ADDRESS ON A FARM?  5//5 Green wich Are YES \( \) NO \( \)
		IAME OF ECEASED THEO GORE 7. POTTHAST 4. DATE OF DEATH MAY 27 1960
	5. S	6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH  1. AGE (In yeors I VEAR IF UNDER 14 Page 18 Page 19
	10a.	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTR COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (State or foreign country)  USA  USA
Signal and a signa	13.	POTTHAST 14 MOTHER'S MAIDEN NAME
		NAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (IF yes, give wor or doles of service) 215-05-1916 Berthold Potthast 31/PROSPECTA
		18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (b)  ON on any One only of the course per line for (a), (b), and (c).]  The course of DEATH (Enter anly one cause per line for (a), (b), and (c).]  ONSET AND DEATH  MANUALS  The course of DEATH (Enter anly one cause per line for (a), (b), and (c).]
		Conditions, if ony, which) by Coronary arters Disease Year
		gove rise to immediate couse (a), stating the <u>under-lying cause last</u> DUE TO  (c)
·	CATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?  YES [] NO [
	ū	20s. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED Haur o. m.  19 While Not while of work of wor
		21. I certify that I attended the deceased from
		ACTUAL SIGNATURE M.D McOlecy Holo Aug. Sout Mo. Steel
		PHYSICIAN'S (1). J NOLAN Baltmar me 4229
,	7	8URIAL, CREMATION, 22b. DATE THEREOF/ 22c. NAME OF CEMETERY OR CREMATORY (Specify) 22d LOCATION (City, town, or county) (Stote) 12LIVIAL 5/30/66 New CATHERARI BAHO. Md.
Ely	2	Light 4-D. 410/ Echnonology DATMAY 3 1 1966. Yourseles Yuge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved. if institution: Residence b COUNTY Baltimore o. COUNTY o. STATE Baltimore Maryland hours after death. MARYLAND b CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 gud write RURAL ond give nearest town)
Baltimore-rural Baltimore-rural vears Towson . d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street oddress) d. STREET ADDRESS S RESIDENCE ON A FARM? form 505 Epson Road Towson 505 Epson Road Give Pages YES NO X after death NAME OF 4 DATE First LOST Month Day within 72 DECEASED (Type or print) PRENTICE May 10. 1966 19 MARGARET GRAHAM DEATH IF JNDER 24 HRS AGE (In years IF JNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH NEVER MARRIED lost birthdov) Months Dovs Hours Item 18. Female white WIDOWED hours event 10o USUAL OCCUPATION (Give kind of work done TOP KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? duy Housewife Fort William. Ontarib d 'pending' in pencul in Chief Medical Examiner's pages in any ome 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nellie Comer guq Edward R. Jones 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Ad Balem Church Ra be executed Box 34A permit. (Yes, no, or unknown) (If yes give wor or dates of service) remayal. Harry H. Prentice Rocks, Maryland 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY-ONSET AND DEATH IMMEDIATE (AUSE (o) Fatty metamorphosis of the liver 5 This certificate shauld e, writing the ward farwarded ta the Ch crematian, DUE TO Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO stating the underlying couse В bur.al, PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? CERTIF CATION YES 🔀 NO agent, priar ta 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 20d INJURY OCCURRED (City or town) 20c TIME OF AJURY Month, Day, Year 20e PLACE OF INJURY (Home, form (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) may be retained tar yaur FUNERAL DIRECTOR: Page ot work ot work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inquiry . Inspection . and in my apinian death resulted fram: Natural causes X. Accident Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER 😓 SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 5-11-66 **EXAMINER'S** O FUNEI Health Rudiger Breitenecker, M.D. Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23b BURIAL CREMATION 23d LOCATION (City or Town) (Stote) (County) Burial (Specify) 1966 Grand Rapids Michigan 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR

1966

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of ere

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death and 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH b COUNTY o. COUNTY o STATE Baltimore smave carban papers. Pages I any event, within 72 haurs after Marvland MARYLAND t CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 write RURAL and give negrest town)
RUTAL Baltimore Baltimore vears d STREET ADDRESS IS RESIDENCE ON A FARM? campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Augsburg Lutheran Home 6811 Campfield 202 N. Chapel Street NO C Rd. pan 3 NAME OF First Middle 4. DATE Month Year Doy DECEASED Theresa Prieber Mav 19 66 Marv (Type or print) DEATH IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS. S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH White birthdoy) Manths Female Doys Hours 7/14/76 WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & Stote, or foreign country) 12. CIT ZEN OF WHAT 106 KIND OF BUSINESS OR U.S.A. during most of working life, even if retired) INDUSTRY Clothing Mfg. Germanv Seamstress 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remava Louise (unknown) Henry A. Steinkraus IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address signed by the attending burial-transit permit. (Yes, no, or unknown) (If yes give wor or dates of service) Paul A. Hauer, 6811 Campfield Road 21207 212-01-5654 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) TIME OF INJURY Month, Doy, Year Not While factory, street, office bldg., etc.) Hour o.m. ot work of work \_, 19\_\_\_\_ that (I) (100) last , 19 53, to Dr 21. 1 certify that (1) (this bestital) oftended the deceased from. 11, and that death accorded at 10.75 M, from causes and on the date stated above saw the deceased alive on Gana 22b DATE SIGNED 22n SIGNATURE STAFF M.D. PHYS DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATA (Stote) BURIAL, CREMATION MOVAb (Specify)



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 6624 **CERTIFICATE OF DEATH** with I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Baltimore MARYLAND Marvland Baltimore era b. CITY OR TOWN (if outside carporate limits, write å c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Randallstown Randallstown de NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? ~ 01 3312 Offutt Road YES NO X Ď 3312 Offutt Road puo .5 4. DATE NAME OF Day First Middle Last Month Year filled OF DEATH law requires that the death certificate be executed within 24 21 (Type or print) 19 66 Pages Walter Alexander Proctor Mav completely papers. Pag B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE MARRIED X NEVER MARRIED 9. AGE (In years lost birthdoy) Manths Doys DIVORCED | WIDOWED [ 67 Feb. 7.1899 White Male 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most at working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? pup Western Md.Dairy Virginia U.S.A. Salesman 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician John C.Proctor Able 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address attending 216-10-846 3312 Offutt Rd. HelenaB. Proctor No 1B CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o **DUE TO** Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying cause last. physician ICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO CERTIFI 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II af item 18.) 20a ACC DENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20e PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bidg., etc.) Hour a.m. While Not while at work | at work 21. I certify that I attended the deceased fram. that I last saw the deceased..., 19 مر alive an and that death accurred M. fram the causes and an the date stated above. ADDRESS (Sfreet, city or town, state) ACTUAL SIGNATURE 8 FUNERAL DIR Ē registrar PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOI 22d. LOCATION (City, Iown, or county) 22c. NAME OF CEMETERY OR CREMATORY pode

VS A15 (4)

15M 9/58

23 FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

Burial

Moreland Memoria **ADDRESS** 

Balto.Md. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 6625 directar, filed with I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY Fled b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town). RURAL and give nearest tawn) MORRE 'S Z TON d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE Collins Ave ON A FARM? YES NO NO .⊆ 3. NAME OF First 4. DATE Middle Lost Day DECEASED OF (Type or print) DEATH 1966 executed within 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years/ IF UNDER 1 YEAR IF UNDER 24 HRS campletely last birthday) Months Doys Hours DIVORCED [ WIDOWED 172 papers. yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY (X1. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) aftending ; 18. CAUSE OF DEATH [Enter only one cause per line-far (a), (b), and/(c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT, CONDITIONS CO 19 WAS AUTOPSY PERFORMED? YES | NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port ( or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, , 20f (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a.m While Nat while ot wark 🗍 ot wark p. m 21. I certify that I attended the deceased from that I last saw the deceased alive an death occurred fam the causes and an the date stated above. **ACTUAL SIGNATURE** TO FUNERAL F PHYSICIAN'S NAME (Type) 22g. BURIAL, CREMATION, 22b. DATE THEREOF LOCATION NAME OF CEMETERY OR CREMATORY town, or county) (State) REMOVAL (Specify) May 24b. REGISTRAR'S SIGNATURE **ADDRESS** 24o. REC'D BY REGISTRAR VS A15 (4) 15M 9/5B



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funer 量 1. PLACE OF DEATH sho 2. USUAL RESIDENCE (Where deceased lived, If institution, Rasidance before admission) . COUNTY b. COUNTY MARYLAND by # deat b. CITY OR TOWN (if autside corporete limits c. LENGTH OF STAY IN 16 outside corporete limits, write RURAL Write RUBAL and give nearest town)
Middle River ll months d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? 1209 Krueger Avenue papers. in 72 ho completely YES NO IX 3. NAME OF Middle Last 4. DATE Month Day Yeer OF within (Type or print) DEATH carbon 1966 may COLOR OR RACE 5. SEX and 7. MARRIED NEVER MARRIED 4 8. DALL OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months certificate DIVORCED [ WIDOWED [ remove and physician 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 13. BERTHPLACE (County & Siete, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Continental Can Co. Maryland U.S.A. .⊑ 13. FATHER'S NAME ğ 14. MOTHER'S MAIDEN NAME <u>P</u> and Then removal. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Krueger Ave. (Yes, no, or unkown) | (Ifyesgivewarordatesofservica No No 216-05-7706 Sister, Mrs. Barbara Brazier Rosedale. Md. Dermit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), signed by INTERVAL BETWEEN b ONSET AND DEATH, PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (a) burial-transit 420 attending **DUE TO** peen Conditions, if any, which gave rise to immediate cause burial, has DUE TO (a), stating the undarlying the þ causa last. cert ficate the hospital 8 Q PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? use prior NO Po 20a, ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Itam 18.) After this detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Month, Day, Year 20d, INJURY OCCURRED 20f. (City or town) (County) (State) ŏ factory, street, office bldg., atc.) Not While While Hour a.m. DIRECTOR al work al work p.m 2 21. | certify that (I) (this hospital) attended the deceased from. bluods death occurred at . D.M., from the causes and on the date stated above. saw the deceased alive on. and may 22b. DATE SIGNATU 3 ATTENDING MED STAFF SIGNED FUNERAL page with a PHY5. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADORESS NAME (Typa) ector, filed NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 23n. BURIAL, CREMATION, | 23b. DATE THEREOF (Slate) の音品 REMOVAL (Spacify) Maryland 21222 Sacred Heart of Jesus Dundalk. **ADDRESS** 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE JOHN J. DUDA, Baltimore, Maryland 21224 VR A15 (4) 20M S-63



1	(M		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR S	STATE		15535 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06627
HEALTH	DEPT.	1.	
- D	# 4		BATTIMORIZ MARYLAND MO. MO. BATTO.
essary funera nay b	Department after death.		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
0 0 1	er d	_	GLEN ARM
5 87 E 10	o De	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
d 3	State hours	3.	NAME OF FIRST MIDDLE P. Last 14. DATE Month Day Year
y d	the 72 h	3.	OF DECEASED MICHELE LYNN REATHER DEATH MAY 15 1966
1, 1, 2	with	5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   FUNDER 1 YEAR   IF UNDER 24 HRS.
eges for	C/ E		WIOOWED DIVORCED Mar. 11. 1966 last birthday) Months Oays Hours Min.
# # # # # # # # # # # # # # # # # # #	event	10 du	a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
after age	any e		Student Koland Park Court WARTLAND U.S. FT.
18 B	E a	13	2. William Reather 18 Noverly B. George
terr ffice	and	1	S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITYNO.   17. INFORMANT Address
5 m 2 v 2 v 2 v 2 v 2 v 2 v 2 v 2 v 2 v 2		CY	NO KONE NO. FAMILY RECORDS
with encl	permit. removal		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1
ited with ' in penc Examine		П	PART I. DEATH WAS CAUSED BY: CEREBRAL HEMORRHATE AND EDGMA ONSET AND DAYS
ರಹಿ	tran ion,		X/84 DUE TO A
should be exe word "pendin Chief Medica	burlal-transit cremation, or	4	gave rise to immediate (b) DEPRESSED COMPEUND SKULL FROZURE
of F	対し		cause (a), atating the OUE TO
shoul word Chief	as Irial	NO	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
the the	used to bur	FICATI	PERFORMEO? YES NO
d Signature	ld be	THE	20a. EXTERNAL CAUSE WAS PRIMARY THAT CONTRIBUTING COURSE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) CAUSE OF DEATH.  THERE IS BY HERSE WITICE WAS STRUCK BY ANTOMOSIVE
is co writ	t, pr	CERTI	
R: This cer ate, writin forwarded	3 shouls agent, p	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour e-mr May 12 / While Not While Actory, street, office bidg., etc.)
be de	ed a	, E	4 p.m. Mp 1 1319 6 at work at work A RA
EXAM e cerri	gnat		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes Accident Suicide Homicide, Undetermined manner
3 00 7			death resulted from: Natural causes , Accident , Sulcide , Homicide , Undetermined manner
ute ge 4			ACTUAL SIGNATURE NUMBER OF ACTUAL M. D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
UTY ME executor. Page	Tet 2		EXAMINER'S WILLIAM A. PILLS BURY DEPUTY MEDICAL EXAMINER MAN STEEL STORE (Street, City, town, or bounty)
0 DEPUT please director.	of Health	23	
-	-	2	
<b>V</b> R A1	SME (5) 8	1	John Burno Jons Souson 4 that. MAY 23 1966 June Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. executed within 24 hours after death filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a, STATE b. COUNTY BALTIMORE MARYLAND BALTIMORE hours after MARYLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, FORT HOWARD Days BALTIMORE ban papers. within 72 hc d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 27 VETERANS ADMINISTRATION HOSPITAL 83 Kinship Road NO to YES [ 3 NAME OF Middle Month First Last 4 DATE Year Doy moletely carban DECEASED (Type or print) HENRY NMI RETWERT 66 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years 7 MARRIED NEVER MARRIED lost birthdov) Months Hours MALE 5/9/03 WHITHE DIVORCED any WIDOWED 12 CITIZEN OF WHAT 10a USJAL OCCJPATION (G ve kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) Ξ requires that the death certificate be Argenture physician nen please COUNTRY? during most of working life, even if retired)
Bookkeeper removal, and McKeesport, Penn. U.S.A 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME MATTHEW REINERT ANNA ADIER WAS DECEASED EVER IN U.S. ARMED FORCES? CLINICAL RECORDS Address 16. SOCIAL SECURITY NO (Yes, no or unknown) (If yes give wor or dotes of service) 6 48 HOSPITAL, FORT HOWARD, MARYLMAD crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) the signed by the burial-transit burial, cremati PART I DEATH WAS CAUSED BY. THROMBOSIS OF RIGHT MIDDLE CEREBRAL ARTERY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate cause (o), DUE TO stoting the underlying couse os the has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached for use of NO O FUNERAL DIRECTOR: After this certificate the haspital ar 20o. ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port | or Port || of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While of work at work 21. I certify that (1) (this haspital) attended the deceased fram. 19 66to 19\_66that (I) (we) last Page 4 may be retained director, page 3 shauld should be filed with the 19 66, and that death accurred at 4.00 14 from causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 5/11/66 220. SIGNATURE wan. TO HOSPITAL OR M.D DIRECTOR PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN'S PETER JUVAN, M. D. NAME (Type) VAH FORT HOWARD. MARYLAND 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d LOCATION (City of Town) (Stote) (County) BALTIMORE, MARYLAND REMOVAL (Specify)
BURLAL BAITIMORE NATIONAL ULLRICH FUNERAL HOME 250 ARTY BY RESSTRANGE 256 PER 1848 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DUNDALK AVENUE BALHIMORE

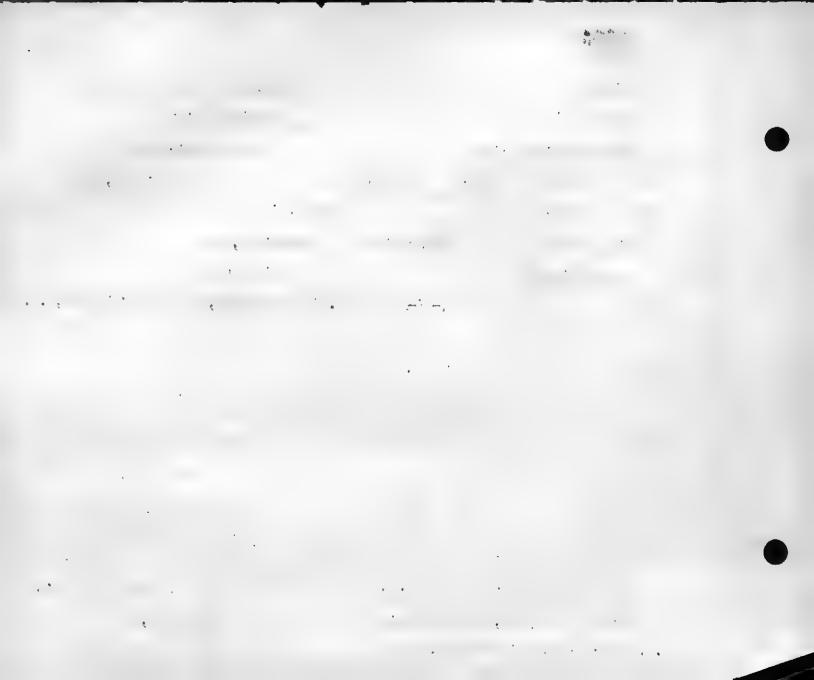


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEALTH DEPT. 1 PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) 6 COUNTRALT MORE o COUNTY o STATE ä death. ALTIMORE MARYLAND b CiTY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c City OR TOWN (if gutside corporate mits, write RURAs and give nearest town) write RURAL and give nearest town EARS. UTHERVIL JTHERVILLE d NAME OF HOSP TAL OR INSTITUTION (If not in hosp tol, give street oddress) A STREET ADDRESS ON A FARM? haurs ate NO X after death 3 NAME OF DATE Year DECEASED OF ARLES EINOLD (Type or pnnt) \_ DEATH £ £ S SEX 6 COLOR OR RACE 7 MARRIED -DATE OF BIRTH AGE (In years F UNDER 24 HRS NEVER MARRIED 3 last\_birthday) ≥ Months Hours WIDOWED event 100 USUA, OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT BIRTHPLACE (State or foreign country) S. GOVT. during most of working life, even if retired) QUA MORE 13 FATHER'S NAME 14. MOTHER'S MA DEN NAME .⊑ NBL MANEL ø guq IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT permit. ar remaval, (Yes, no, or unknown) I(II yes give wor or dotes of service) MRS ANNA AME IB CAUSE OF DEATH (Enter only one couse per line for (c) (b), and (c)) INTERVAL BETWEEN burial-transit ONSET AND/DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) This cert, ficate shauld e, writing the ward farwarded to the Ch cremation, DUE TO Conditions, if ony, which gove use to immediate couse (a). DUE TO stoting the underlying couse PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO X please execute the certificate. agent, priar to 200 EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJRY OCCURRED (Enter noture of injury in Port 1 or Port 1 of Item 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH WEDICAL 20c TME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) Hour o.m. factory, street, affice bldg., etc.) Not While may be retained far your FUNERAL DIRECTOR: Page ot work 21 I certify that I took charge af the remains described above, held an Autopsy Inspection [ Inquiry and in my apinian death resulted from Natural causes Suicide Acc dent Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funeral TO DEPUTY 5 may be 1 TO FUNERAL Health or i DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) the BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) VATIONAL more BY REGISTRAR 23 19 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATUR TOW SON VR AISME (SIT BROOKS TOUSON



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after death by the funeral Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution; Residence before admission o. COUNTY n. STATE **b** COUNTY papers. Pages 1. MARYLAND CITY DR TOWN (If autside corparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d NAME OF MOSPITAL OR INSTITUT ON (If not in haspital, give street address) YES NO 3 NAME OF DATE Mindle Last Manth Doy Year letely DECEASED (Type or print) DEATH S SEX IF UNDER 1 YEAR IF UNDER 24 HRS COLOR OR RACE DATE OF BIRTH AGE (In years NEVER MARRIED last birthdoy) Months Dovs Hours WIDOWED DIVORCED 10n IISUÁL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT or removal, and in COUNTRY 3 during most of working lise, even if retired) INDUSTRY 13 00111 13 FATHER S NAME 15. WAS DECEASED EVER IN U.S. ARMED FOR CEST (Yes, na, ar unknown) (If yes give war ar dates af service) 17 INFORMANI 16. SOCIAL SECURITY NO Address burial, cremation, CAUSE OF DEATH (Enter only one cause per line INTERVAL BETWEEN signed by the burial-tronsit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse has been the lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? detached for use te Dept. of Health NO YES TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Hame, form, (City or town) (State) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) factory, street, affice bldg., etc.) Not While 21 I certify that (I) (this haspital) attended the deceased fram director, page 3 should should be filed with the M. fram courses and an the date stated above. saw the deceased olive an A and that death accurred of 22b DATE SIGNED 22o. SIGNATURE V M.D DIRECTOR PHYS. 22d. ADDRESS 22t. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23d LOCATION (City (Stote) BURIAL CREMATION (County) REMOVAL (Specify) 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR







MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death hours after leath. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. Wiryland b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b bon papers. Page within 72 hours a Š 22 MINUTES Baltimore .5 Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 8430 Greenway Rd. St. Joseph Hospital No X YES executed within completely rbon NAME DE Middle Last Month Year DECEASED Mat 29 Cedric ROBERTSON 66 (Type or print) DEATH 19 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH émove AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) male Months I May 29. Davs Hours pp. white WIDOWED [ DIVORCED and In 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND DE BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 혉 during most of working life, even if retired) Maryland EMPLOYE attending physic grmit. Then plea n, or removal, an death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John A. Robertson Barbara Long 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SDCIAL SECURITY ND. 1Z. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) MMEAS CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN -transit ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING FORMAN TO STREET OF STREET OF PAGE 4 may be retained by the hospital or attending physician. Premature - Twin 1st IMMEDIATE CAUSE (a) DUE TD Conditions, If any, which (b) gave rise to immediate DUE TD cause (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? NO K YES this certification of Personal Control of Pers 2Da. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) e de t factory, street, office bldg., etc.) Hour a.m. While Not While at work at work DIRECTOR: A age 3 should lied with the S 21. 1 certify that (!) (this hospital) attended the deceased from saw the deceased alive on May 29 from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. DIRECTOR May 29. M.D. director, page should be fill PHYSICIAN'S 22d. ADDRESS 22c. Sagisi NAME (Type) Glocrito G. 7620 York Road, 2120h BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR GREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) SURIA MOZWO LAND FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25b. 1966 VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death, PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Ä a. STATE the Baltimore Maryland
c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND b. CITY DR TDWN (if outside corporate limits. c. LENGTH OF STAY IN 1b 2 rs. Pag 2 hours write RURAL and give nearest town) Baltimore MINUTES Baltimore .≘ d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street eddress) filled bon papers within 72 d. STREET ADDRESS e. IS RESIDENCE 24 DN A FARM? St. Josephs Hospital 8430 Greenway Rd. ND X YES completely noqu 3. NAME OF First Middle 4. DATE Month Year DECEASED OF DEATH (Type or print) Xavier ROBERTSON May 29 19 66 6. COLDR DR RACE | 7. MARRIED 5. SEX and con DATE OF BIRTH AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED A 9. last birthday) Months I Days Hours Mim any male white May 29 1966 WIDDWED DIVDRCED 1Da. USUAL DCCUPATION (Give kind of workdone 10b. KIND DF BUSINESS DR during most of working life, even if retired) INDUSTRY please r 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT The law requires that the death certificate be COUNTRY? NEVER FMILLLYED 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME John A. Robertson Barbara Long 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) d by the attend transit permit. cremation, or n 16. SDCIAL SECURITY ND. INFORMANT Address 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN n signed by t burial-transit burial, crema DNSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. Premature - Twin 2nd IMMEDIATE CAUSE (a) DUE TD Conditions, If lany, which (b) been gave rise to immediate at the DUE TD cause (a), stating as th prior underlying cause last. this certificate had etached for use a Dept. of Health p CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? ND D YES 2Da. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) det e L factory, street, office bldg., etc.) Hour a.m. While After Not While OR ATTENDING be retained by at work at work the S 21. I certify that (I) (this hospital) attended the deceased from olkector: Jage 3 should lifed with the t۵ 19 66 and that death occurred at 1:500 from the causes and on the date stated above. saw the deceased alive on SIGNATURE 22b. DATE SIGNED 22a. page STAFF PHYS. ATTENDING X May 29, 1966 Page 4 may I DCM PHYS. DIRECTOR M.D. O FUNERAL I PHYSICIAN'S 22c. 22d. ADDRESS Glocrito G. Sagisi NAME (Type) 7620 York Road, 21204 BURIAL, CREMATION, 23b. DATE THEREDF NAME OF CEMETERY DR CREMATORY 23d. LDCATION (City, town or county) (State) REMDVAL (Specify) 2 OWSON URIA FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS KS TOWSON 1966 2DM 1/65



_ 1 (NA)	MARYLAND STATE DEPARTMENT OF HEALTH	
(IA)	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
# E2#	CERTIFICATE OF DEATH	06635
death.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Res a. COUNTY b. COUNTY	dence before admission)
allter v the 1 ges 1 s after	Dallo: MARYLAND VIC.	alto.
by the range is all its all it	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	nd give nearest town)
omrs d in by S. Pa	Parkton 30 yrs Parkton	<i>}</i>
1 led pers	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
y fill	- Old Jork No.	YES NO NO
ithi letel rbon , wil	3. NAME OF DECEASED (Type or print) (THENCE ROSER DEATH NAME OF DEATH NA	Day Year
omple car		3 1966 YEAR A FUNDER 24 HRS.
PHYSICIAN: The law requires that the death certificate be exemuted within 24 hours alter the hospital or attending physician.  this certificate has been signed by the attending physician and completely filled in by the detached for use as the burlal-transit permit. Then please remove carbon papers. Pages 1 to Dept. of Health prior to burlal, cremation, or removal, at the month, within 72 hours after the prior to burlal.	A A PROPERTY OF THE PROPERTY O	ays Hours Min.
a Le	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CIT during most of yorking life, even if retired) UNDUSTRY	IZEN OF WHAT
e b	Section Foreman Railroad- Farkton, Md U.	3 // -
icat phy n p	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
ertif	James Rosier Laura. Jones	
tend iit.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT (Yes., no, or unkown) (If yes give war or dates of service)	San
aw requires that ts deats certificate bs etending physician. has been signed by the attending physician as the buriat-transit permit. Then please in prior to buriat, cremation, or removal, at death.	Yes   W.W. I 1/16-12-3333 MM. Climeta / 100 len , Parketon	///a.
We the sit	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
at talian.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cloude Muyorandral for time	
s th ysic igne rial-	DUE TO STATE OF THE TOTAL OF TH	
uire g ph s n s s bu o bu	gave rise to immediate (b)	
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OR ATTENDING I be retained by the DIRECTOR: After ge 3 should be called with the State	21. I certify that (I) (this hospital) attended the deceased from 192° to 723, 196.	that (I) (we) last
Shoc th ti	saw the deceased alive on 5/2 1966, and that death occurred at 4.3 M, from the causes and on the	
REC S	22a. SIGNATURE 22b. DAT	E SIGNED
AL Day by by by by by files	M.D. PHYS. C DIRECTOR PHYS.	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND 21201 CERTIFICATE OF DEATH that the death certificate be executed within 24 haurs after death and 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH physician and campletely filled in by the funeral en blease treadive carban papers. Pages 1 and o STATE **b.** COUNTY COUNTY MARYLAND TALBOT BALTIMORE MARYLAND E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b CITY OR TOWN (If autside corporate limits, RURAL and give negrest town; 81 DAYS EASTON e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS HIGGINS STREET VETERANS ADMINISTRATION HOSPITAL NO A Middle Last 4. DATE Month 3 NAME OF First Day DECEASED E. RUSSELL MAY 10 GEORGE 10 (Type or print) DEATH 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 9. AGE (In years 6 COLOR OR RACE 7 MARRIEO NEVER MARRIED last birthdoy) Months DECEMBER 24,1920 MALE NEGRO WIDOWEO DIVORCED 12 CITIZEN OF WHAT IDS KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) IDo. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) FARM EASTON, MARYLAND LABORER 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME LAURA COPPER GEORGE RUSSELL 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give wor or dates of service)] 17. INFORMANT Address 16 SOCIAL SECURITY NO CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. WW II YES 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burnal-transit p PART I. DEATH WAS CAUSED BY UNKNOWN PERITONITIS. FIBRINOPURULENT ACUTE IMMEDIATE CAUSE (o) ģ DUE TO PANCREATITIS, SUPPURATIVE 6 MONTHS Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION USe YES XX NO far 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 200 ACCIDENT WAS UNDERLYING by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20s PLACE OF INJURY (Home form. (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Haur a.m. factory, street, affice bldg., etc.) Not While at work 10\_5/10/66 21 | certify that (1) (this hospital) attended the deceased fram=/18/66 19\_\_\_, that (f) (we) last be retained and that death accurred at 4:55AM, from causes and an the date stated above. saw the deceased alive on 5/10/66 22b. DATE SIGNED 22a SIGNATURE 5/10/66 unon ATTENDING DIRECTOR PHYS M.D 22d. AOORESS 22c. PHYSICIAN'S JUVAN, M. D. PETER NAME (Type) VAH FORT HOWARD. MARYLAND directar, should t 23b\_DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 230 BURIAL CREMATION. REMOVAL (Specify)
BURIAL EASTON, MARYLAND EASTON CEMETERY 25b. REGISTRAR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR FUNERAL OIRECTOR DASHIELL FUNERAL HOME VR A15 (4) 20 M 1/66 1966 EASTON . MARYLAND



1 V/	MARYLAND STATE D  Division of STATISTICAL RESEARCH AND RECORDS, 3	DEPARTMENT OF HEALTH	AND 21201
FOR STATE	item 16 Film 3376 MEDICAL EXAMINER'S	5/10/66 mh	0 0 0 0 m
FOR STATE	00030		06637
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e all all ∞ all	S SEX 6 CO.OR OR RACT 7 MARRIED NEVER MARRIED DIVORCED DIVORCED	8 DATE OF BIRTH 9 AGE (In years last birthday)	IF UNDER 1 YEAR 1F UNDER 24 HRS Months Days Hours Min
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milihin page n n D	13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME Sale le mo Le	Cease
-b .= 0	IS WAS DECEASED EVER IN S ARMED FORCES?  (Yes, no or unknown) fully squee was or dores of service)  SS 213-05-9086	RECORMANT Address Address - Address	Some
be executed "pending" in nef Medical E ansit permit. I or remaval, c	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY	Irs. Juanita Scarbrough,	INTERVAL BETWEEN ONSET AND DEATH
shavid be e ne ward "per ra the Chief A burial-transit matian, or re	26CX DUE TO  Conditions if any, which gove ) (b)	firstic E-V. Disco	
vertificate shauld writing the ward rwarded ta the C sed as a burial-tr iur al, crematian,	rise to immediate couse (a), stating the underlying couse last	nellitus	20-428
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AL EXAM execute the rr. Page 4 if far your TOR: Page quated age	Hour o.m  pm  While of work of	hold as Autors   Jamestian   James	ury 🔀, and in my apinion
AL Execution. Popular for TOR:		urcide, Hamicide, Undetermined ma	
MEDICAL EXAM please execute th I director. Page 4 retained far yaur. DIRECTOR: Page its designated aga	ACTUAL SIGNATURE 2.2. Caples	CHIEF MEDICAL EXAMINER  M.D. ASSISTANT MEDICAL EXAMINER	22 DATE SIGNED
O DEPUTY MEDICAL INCOMESTAL MEDICAL INCOMESTAL MEDICAL INCOMESTAL DIRECTOR Health at its design.	EXAMINER'S D. D. GAPLES.	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	3-11-166
TO DEPU necessa the fun 5 may 1 TO FUNE	230 BURIA, CREMATION, REMOVAL SPECIAL STATE OF CEMETERY OF CEMETER	emetery Car	roll, Co. Md.
VR A15ME (5)	24 FUNERAL DIRECTOR ADDRESS	250 RECD BY REGISTRAR 256 REC	SISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH executed within 24 hours ofter death the funerol 2 USUAL RESIDENCE (Where deceased fived, if institut on Residence before admission a STATE, ) b COUNTY BALTIMORE PLACE OF DEATH a. COUNTY von papers. Pages 1 within 72 hours after MARYLAND b CITY OR TOWN (If autside carparate limits c. LENGTH OF STAY IN 16 TOWN (If autside corporate limits, write RURAL and give neorest write RURAL and give\_peorest town filled in d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? NO K NAME OF Middle 4 DATE First Month Day Year completely DECEASED OF DEATH 1966 (Type or print) event. AGE (In years 5. SEX 6 COLOR OR RACE B. DATE OF BIRTH JF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED last birthday) Months Days ond in any WIDOWED DIVORCED 10a USTAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 1) BIRTHPLACE (County & State, or foreign country) during most of working life, even if settred) INDUSTRY COUNTRY? please physicro 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME burial, cremotion, or removal The law requires that the death certif 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates af service CAUSE OF DEATH (Enter only one couse per line for (e), (b), and (c): INTERVAL BETWEEN ONSET AND DEATH burial-tronsit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ģ **10 HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 may be retained by the hospitol ar ottending physicion. DUE TO signed Canditians, if any, which gave (b) rise to immediate cause (a). DUE TO stoting the underlying couse **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to (c) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION 2 NO 20a ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour a.m. factory, street, affice bldg., etc.) Nat While 21. I certify that (I) (this hospital) attended the deceased from. 5 - 1-, 1966 to 5 --- / 3 -, 1966 that (I) (we) las and that deoth accurred at A. > I M, fram causes and on the date stated above saw the deceased alive on 22g SIGNATURE 22b. DATE SIGNED MED. STAFF DIRECTOR PHYS 22d. ADDRESS PHYSICIAN'S NAME (Type) 3 BALTIMORE COUNTY 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify)
Burial Cedar Hill Cem. Balto. 25b. REGISTRAR'S SIGNATURE 2Sa REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 6 G. Truman Schwab 3512 Frederick Ave. Balto. Md.



1 4	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
E -80	06645 CERTIFICATE OF DEATH
24 hours after death. filled in by the funeral apers. Pages 1 and 2 n 72 hours after death.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. STATE X 1
a ava	Baltimore County  MARYLAND  D. CITY OR TOWN (If outside corporate limits,   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
in by	Mount Wilson 62 mc. Baltimore #24
24 hor filled it papers, iin 72 ho	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS
	Mount Wilson State Hospital 3409 Harmony Lour VES NO 12
rted within completely ve carbon event, with	3. NAME OF DECEASED (Type or print) JOHN ROBERT SCHINDLER DEATH 5 9 1966
xecuted and cor emove any eve	5. SEX  SCOLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  WIDDWED DIVORCED 11. 21. 1909  S. DATE OF BIRTH  S. DATE OF BIRTH  S. DATE OF BIRTH  S. DATE OF BIRTH  Divorced North Days Hours Min.
cate be exphysician and please reval, and in a	102. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY? USA
a _ 5	THOMAS SCHINDLER MARTHA BENDER
sath certific attending p srmit. Then n, or remov	15. WAS DECEASED EVER INU.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   (Yes, ng, or unknown)   (If yes give war or dates of service)
hat the death (cian. led by the atten transit permit. I, cremation, or	No 1 021-14-7418 Hosp.records, Mt. Wilson State Hospita
the de l. by the nsit pe ematio	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  ONSET AND DEATH  ONSET AND DEATH
es that th hysician. signed by urial-transi urial, crem	4201 MMEDIATE CAUSE (a) 13 CONCECUTA CONTROLLO SI
ires ti physi n sign burial	Conditions, if any, which (b) (b)
The law requires that to or attending physician. sate has been signed buse as the burial-transaith prior to burial, cre	cause (a), stating the DUE TO
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l: The la al or at ificate h for use Health	E Pulmonary fibrosis YES NO []
VSICIAN: The law is hospital or attensis certificate has rached for use as lept. of Health prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED?  YES NO PERFORMED?  YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF PART 1 (a)  OR COUNTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
y the er th	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED Hour a.m.    While   Not While at work   Dot Work   19   19   19   19   19   19   19   1
ATTENDIN retained b CTOR: Aft Should b vith the St	21. I certify that (I) (this hospital) attended the deceased from 10, 27, 1965 to 5, 4, 1966, that (I) (we) last
ATTE retail ECTOR 3 shore with t	saw the deceased alive on 5-9 1966, and that death occurred at 9:48 from the causes and on the date stated above
AL OR AL DIRECTOR	1 Men M.D. ATTENDING MED. STAFF STAFF 5.9.1966
TO HOSPITAL OR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 shoul should be filed with the	22c. PHYSTCIAN'S   22d. ADDRESS   Wm. New Comer, M.D., Superintendent   Mount Wilson, Maryland   Mount Wilson, Mount Wilson, Maryland   Mount Wilson, Mount Wils
TO HI Pag TO FU dire	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 5-13-66, OAK LAWN CEM, 72.25 EASTERN BLVD, BALTO, Co., M.D.
VR A15 (4)	24. FUNERAL DIRECTOR 901 S, CONKLING ST. DATE MAY 12 1966 Yourseles Juge
20M 1/65	Indian and a large part of a large

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 66646 requires that the death certificate be executed within 24 haurs after death. death 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) O. STATE MARYLAND o. COUNTY LE COUNTY ANNE ARUNDEZ BALTIMORE MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 66 DAYS GLEN BURNIE FORT HOWARD d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? DOUTE 1, BOX #289. VETERANS ADMINISTRATION HOSPITAL SOLLY ROAD 3 NAME OF Middle DATE Month First Lost Doy Year DECEASED (Type or print) 66 MAY 20 HERMAN E. SCHALLING DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX B. DATE OF BIRTH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED Zast birthdoy) Hours JAN. 20, 1891 WHITE WIDOWED DIVORCED MALE 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working "fe\_even if refired)
MERCHANT MARLINE BALTIMORE, MARYLAND 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME AMELIA WOCKENFUSS JOHN SCHMIDT 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dates of service 213 10 84 30 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. YES INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c)) RECENT DEATH burial-tronsit PART 1. DEATH WAS CAUSED BY PNEUMONIA UNDETERMINED ORGANISM IMMEDIATE CAUSE (o). signed by DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been UNKNOWN TUMOR. RIGHT LUNG. UNSPECIFIED TYPE WAS ALTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES 🔀 NO 車 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20o ACCIDENT WAS UNDERLYING ... OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year factory, street, office bldq, etc.) Hour o.m of work of work to 5/20/66, 19\_\_, that (we) last 3/15/66 21. I certify that (1) (this haspital) attended the deceased fram\_ be retained saw the deceased alive an 5/20/66 22b. DATE SIGNED 22a SIGNATURE STAFF PHYS. \* 5/20/66 M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NEILON NEILSON, M. D. NAME (Type) VAH FORT HOWARD, MARYLAND director, should b 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 230 BURIAL CREMATION. 5-23-66 BALTIMORE CEMENERY BALTIMORE, MARYLAND 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 FUNERAL HOME

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY Baltimore b. COUNTY a. STATE Maryland Baltimore hours after the MARYLAND I in by the s. Pages hours afte b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Catomsville c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 7 years Dundalk filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Ridgeway Manor Convalescent Home 827 S. 50 th St. 21222 within NO PO executed within letely completely vercatbon NAME DE Middie Last DATE Month Day remove carbo DECEASED DF DOROTHEA SCHRIEFER May 19 66 (Type or print) DEATH 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Female White Months Feb. 4- 1885 WIDOWED DIVORCED .5 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR ician during most of working life, even If retired)
HOUSEWIFE 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ase death certificate be U.S.A. Maryland phys 13. FATHER'S NAME attending physimit. Then print or removal, 14. MOTHER'S MAIDEN NAME William Hillmer Marie Lang 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. Address (Yes, no, or unkown) (If yes give war or dates of service) been signed by the attraction the burial-transit permits or to burial, cremation, o Daughter. Mrs. Alma Jung, No 2,a,b,c,d. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (8 DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. 88 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health r OR: After this certificate hould be detached for use h the State Dept. of Health PERFORMED? NO TO YES 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work While p.m. at work DIRECTOR: A retained 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at Ziso M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED **6** 8 page MED. DIRECTOR STAFF age 4 may M.D. PHYS. PHYSICIAN'S director, p 22d. **ADDRESS** NAME (Type) M.D. 4116 Edmondson Ave. Balto. Md. 21229 Knapp BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. 23d. LOCATION (City, town or county) REMOVAL (Specify) Burial May 10-1966 Oak Lawn Dundalk, Maryland 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE JOHN J. DUDA. Dundalk. Maryland 21222 VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06648 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH (Where deceased lived if institution Residence before admission) a. COUNTY b COUNTY death. b CITY OR TOWN ( f outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 2, o. PM3. P d STREET ADORESS d NAME OF HOSPITAL OR INSTITUTION (If not in hosp to, give street oddress) IS RESIDENCE ON A FARM? hamrs ate 6853 OUEENS FERRY ROAD 24 havrs after death 3 NAME OF Middle Year within 72 DECEASED SCHUNICK May (Type or print) DEATH S SEX 6. COLOR OR RACE AGE ( YEAR 7 MARRIED NEVER MARRIED B. DATE OF BIRTH n years 1F UNDER 24 HRS lost birthday) Months Days Hours WHOOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work dane 10b, KINO OF BUSINESS OR BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working ife, even if retired) COUNTRY? INDUSTRY PUBLIC WORKS BALTIMORE, MARYLAND 13 FATHER'S NAME be executed within 14. MOTHER'S MAJOEN NAM penci .⊆ ETHEL PETASKY ISRAEL SCHUNICK and IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes no ar unknown) (If yes give war ar dates of service) permit. removal. MRS. ALMETA SCHUNICK. 6853 QUEENS 215-07-3931 CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)) INTERVAL BETWEEN burial-transı₹ PART I. DEATH WAS CAUSED BY: ONSET AND DEATH terioscleratio cardio Vascular burial, cremation, ar IMMEDIATE CAUSE (a) This certificate shauld writing the word Canditions, if any, which gave rise to immediate cause (a), **DUE TO** stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMEO? NO the certificate, designated agent, priar to 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING shauld CAUSE OF OFATH 20c T ME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJRY (Home, form (City or town) (State) factory, street, office bldg , etc.) Hour om. Not While FUNERAL DIRECTOR: Poge please execute of work 21. I certify that I took charge of the remains described above, held an Autopsy [ Inspection 1x Inquiry ond in my opinion the funeral director. deoth resulted fram: Notural causes K Suicide Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED Health or its ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 5.28.66 be DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23b OATE THEREOF NAME OF CEMETERY OR CREMATOR) 23d LOCATION (City or Town) 230 BURIAL, CREMATION, (Stote) (County) 500 BALTIMORE, MARYLAND MORELAND MEMORATAL MAY 30, 1966 PEGISTRAPO CO 256 POCTEMBRA PROMITIVE 24 FUNERAL DIRECTOR VR A15ME (5) LEVINSON & BROS. INC. 6010 REISTERSTOWN DATE



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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24 hours after death. filled in by the funeral apers. Pages 1 and 2 in 72 hours after death.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
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S af	b. CITY OR TOWN (if outside corporate limits, prite RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
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Antificate be shafting physician tremoval, and i	during most of working life, even if retired) INOUSTRY Proof 44 N.4 COUNTRY?
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g ph g ph en s en s o bu	Conditions, if any, which gave rise to immediate (b) Severalized William Schlerons,  DUE TO
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The law requires that the death or attending physician. Sate has been signed by the atter ruse as the burial-transit permit ealth prior to burial, cremation, or	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
it That incat for under the all	YES NO 20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part   or Part   of Part   or Part
OR ATTENDING PHYSICIAN. The law requires that the retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by 3 should be detached for use as the burial-transed with the State Dept. of Health prior to burial, created with the state Dept.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO  20a. ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.)
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NG P by t ffer be d State	p.m. 19 at work at work
OR ATTENDING be retained by IRECTOR: After ge 3 should be	21. I certify that (I) (this hospital) attended the deceased from 1 - 3 - 1946, to 5 - 1966, that (I) (we) last
ATT reta ECTO 3 shu	saw the deceased alive on 5 2 1966, and that death occurred at M, from the causes and on the date stated above.
y be DIR	Brenverico C. Cabras M.O. PHYS.   MEO. STAFF   22b. OATE SIGNEO   STAFF   5-5-66
SPITAL 4 may LERAL D tor, pag d be file	B. NAME TYPOLT W. D.D. A. Cabu au Balta Cantle C. Hoy
PAGE 4 may be retained by the hospital or attending physician.  To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death requireste be executed within 24 hours after to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after	23a, BURIAL CREMATION, 23b, DATE THEREOF , 23c, NAME OF CEMETERY OR CREMATORY   23d, LOCATION (City, town or county) (State)
10 10 10 10 10 10 10 10 10 10 10 10 10 1	BURIAL SPECIFY MAY 6, 1866 - WEBREW FRIENDSAID BRUTC MO
VR A15 (4)	24. FUNERAL DIRECTOR  ADDRESS
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH a funeral a and 2 ter death. 24 hours after death USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Paruland Baltimore MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL, and give nearest town) c. LENGTH OF STAY IN 1b 24 .⊑ owson e. IS RESIDENCE filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? 905 Southerly Road 905 Southerly Road within NO V YES executed within completely Day NAME OF DATE Year carbon Last Month First Middle DECEASED Scrivnon (Type or print) Lmer DEATH 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIED C NEVER MARRIED last birthday) Months Davs Hours Male March WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) durlag most of working life, even if retired) INDUSTRY uard-retired Slack & Decker death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME Lewis Scrivnor Unknown-dec'd 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. ned by the attent al-transit permit. (Yes, no, or unkown) (If yes give war or dates of service) Family none records INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) signed | been signer the burial-t **DUE TO** Conditions, If any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. 38 WAS AUTOPSY TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT certificate h hed for use it. of Health p PERFORMED? NO [ YES 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) tached f (State) MEDICAL 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. Not While 19 at work et work p,m. 21. I certify that (I) (this hospital) attended the deceased from M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22b. DATE SIGNED 22a. SIGNATURE þ STAFF ATTENDING 98 page ; M.D. DIRECTOR PHYS. director, pag should be file HOSPITAL PHYSICIAN'S 22d. ADDRESS FUNERAL NAME (Type) (State) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23b. DATE THEREOF BURIAL, CREMATION, **BEMOVAL** (Soecity) rospect emexeru Suria 256. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR VR AI5 (4) 20M 1/65

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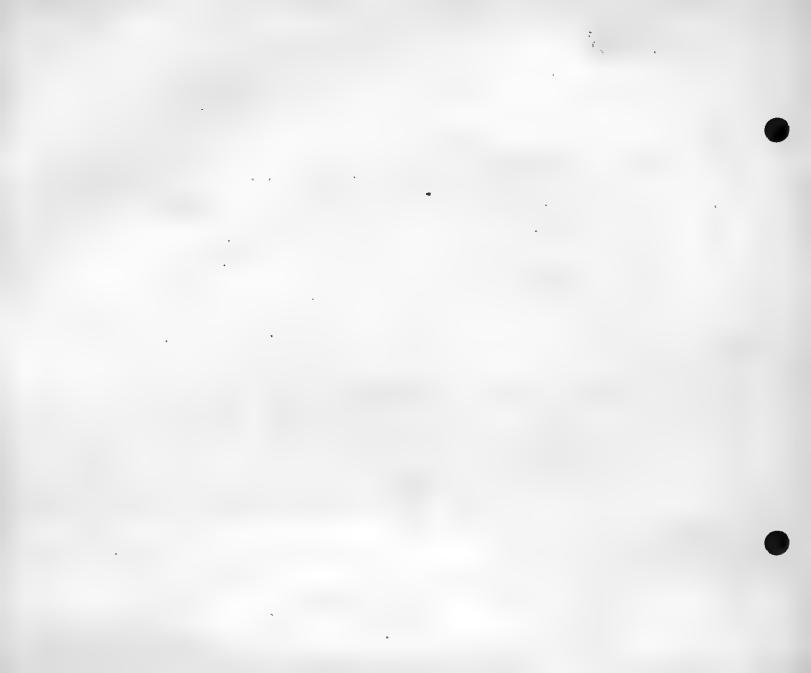
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	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTO	N STREET, BALTIMORE 1, MARYLAND
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by the fages 1 tys-after	The state of the s	outside corporate limits, write RÜRAL and give nearest town)
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	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  GREATER BAITO, MEDICAI CENTER  BOX 397	A 9. IS RESIDENCE ON A FARM?  YES NO
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omple car	(Type or print) BADY BOY SELVEY	9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS
aw requires that the death certificate be executed within the thending physician.  has been signed by the attending physician and completely as the burial-transit permit. Then phase temove carbon prior to burial, cremation, or removal that any event, within	8. DATE OF BIRTH WIDOWED DIVORCED 8. DATE OF BIRTH	last birthday) Months Days Hours Min.
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hat the death certific cian. ed by the attending p -tramsit permit. Then , cremation, or remov.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESoura (and Facility)	OMSET AND DEATH
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PHYSICIAN the hospit this certi detached te Dept, of		
Pro the or the Date Date Date	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, fa factory, street, office bldg., et at work at work	rm, 20f. (City or town) (County) (State)
toling P led by the After lid be d re State	21. I certify that (I) (this hospital) attended the deceased from may 17, 19	66 to may 19, 19 66 that (1) (we) las
ATTEN retain CCTOR: 3 shou with th		AM, from the causes and on the date stated above
OR DIRECT	ATTENDING -	MED. STAFF DIRECTOR PHYS. Phys. May 20,1966
TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	22c. PHYSICIAN'S NAME (Type) PACITA DITAN 22d. ADDRESS (C. B. M.C.)	670/N.CHARLES AD
Page Page FUN direct should	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or county) (State)
5-5%	BURIAL YMAY AL, 1966 VULANTY VALLEY MENCRY	AL COCKEYSULLE, MO.
VR A15 (4)	John Burns Sons Town, ned. DATE M.	AY 2 3 1966 Acharles Judge
20M 1/65	T DATE WIL	1



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06652 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) n COUNTY o. STATE Maryland Baltimore BALTIMORE ofter death. MADVIAND delay h CITY OR TOWN (If outside corporate limits, C . ENGTH OF STAY IN 1h c CITY OR TOWN (floutside corporate limits, write RURA, and give nearest town) ond Baltimore - Rural timore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e 15 RESIDENCE ON A FARM? alang with farm 1934 E. Joppa Road in Item 18. Give Pages 1934 E. Joppa Road NO X 24 hours after death. 3 NAME OF F rst Midd e 4 DATE Manth Year Day DECEASED (Type or print) Siz. OF DEATH ROBERT RICHARD SHIVELY May 27 19 66 S SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF JNDER I YEAR 7 MARRIED NEVER MARRIED 24 HRS lost birthday) 57 yrs Months Davs WIDOWED DIVORCED Office White Male 10a USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) Penna COUNTRYP. VOD OI Manager pencil 13 FATHER'S NAME be executed within 14. MOTHER'S MAIDEN NAME John Shively and 30-01-7206 Mrs. Bessie Shivoli 15 WAS DECEASED EVER IN L. S. ARMED FORCES? remayal. (Yes, no or unknown) ( I yes give war or dates of service) pending Same 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I, DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH Asphyxia ь IMMEDIATE CAUSE (o) This certificate shauld s a burial-tro cremation, e, writing the ward forwarded ta the C carbon monoxide poisoning DUE TO Conditions, it only, which gave nse ta immediate cause (a). DUE TO stating the underlying cause used as burial, a 9 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 10 NO XX 200 EXTERNAL CAUSE ₩AS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH Inhalation of exhaust fumes 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJJRY (Home, form, 20f. (City or town) (County) (State) Nat While factory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page at wark at work Baltimore Balto 5 - 2719 66 Md. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry . and in my apinion Accident death resulted from: A Natural causes Suicide X Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTIVAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 5/27/66 5 Rudiger Breitenecker, M.D. DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) Address (Street, city, town, or county) 23g. BUR AL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 0 BULLAL (Spedify) Baltimore, Gardens of faith em. 24 FUNERAL DIRECTOR 2So RECD BY REGISTRAR 25h REGISTRAR'S SIGNATURE VR A15ME (5) Ruck Inc. Balto. Md. Melianten





Jan 1 NA	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND REGORDS, 301-W-PRESTON-STREET, BALTIMORE 1, MARYLAND		
FOR STATE	OSSSA MEDICAL EXAMINER'S CERTIFICATE OF DEATH OSSAS		
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY		
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my delay is necessary, 2, and 3 to the funeral PM3. Page 5 may be the State Department 72 hours after death.	ON A FARM?		
delay nd 3 . Ps	3. NAME OF First Middle 4 Last   4. DATE Month Day Year		
any 2, a PM3 PM3 n 72	(Type or print) PATY ELLEN 211401V DEATH MAY 22 1966		
rs after death. If any del 18. Give Pages 1, 2, and along, with form PM3, age 1 and 2 with the S n any event within 72 h	5. SEX F6. COLOR OR FACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS.   Months Days Hours Min.   Min.		
after death.  Give Pages ong with for	10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT		
T See	during most of working life, even if retired) INDUSTRY Detroit, Mich		
ours aft n 18. G e along page	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME		
24 hours 1 Item 18 Office alc File page and in a	Gorge Sharpless Lorraine Wav		
MEDICAL EXAMINER: This certificate should be executed within 24 hours ecute the certificate, mriting the word "pending" in pencil in Item 1 Page 4 should be forwarded to the Chief Medical Examiner's Office a for your files.  LEMECTIM Page 3 should be used as a burial-transit mermit. File page or its designated agent, prior to burial, cremation, or removal, and in	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No., or unknown) (If yes give war or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMABT  Address		
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iffication the the the the to	YES NO YES NO 20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part   of Part   of Item 18.)		
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AMIII certid buld b	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and In my opinion		
the construction of the co	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner		
rte de 4 your jour jts de 11s	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED		
Y ME Sxect for for	EXAMINER'S P. H. FRRNCE DEPUTY MEDICAL EXAMINER (2) 5/22/66		
O DEPUTY MEDICAL EXAMINE please execute the certific director. Page 4 should be retained for your files.  O FINERAL DIRECTOR Page of Health or its designated	NAME (Type)  Address (Street, city, town, or county)  23a. DURINI CREMATION, 23b. DATE THEREOF , 23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (Stete)		
To Of Treta	REMOVAD (Specify) 5-23-66 June, Med, School Baltimore, Md.  24. FÜNERAL DIRECTOR ADDRESS 250. REGISTRAR'S SIGNATURE		
VR A15ME	Medical Examiner Office DATHMAY 2.5 1966 VCharles Yusse		
3500 4-64			



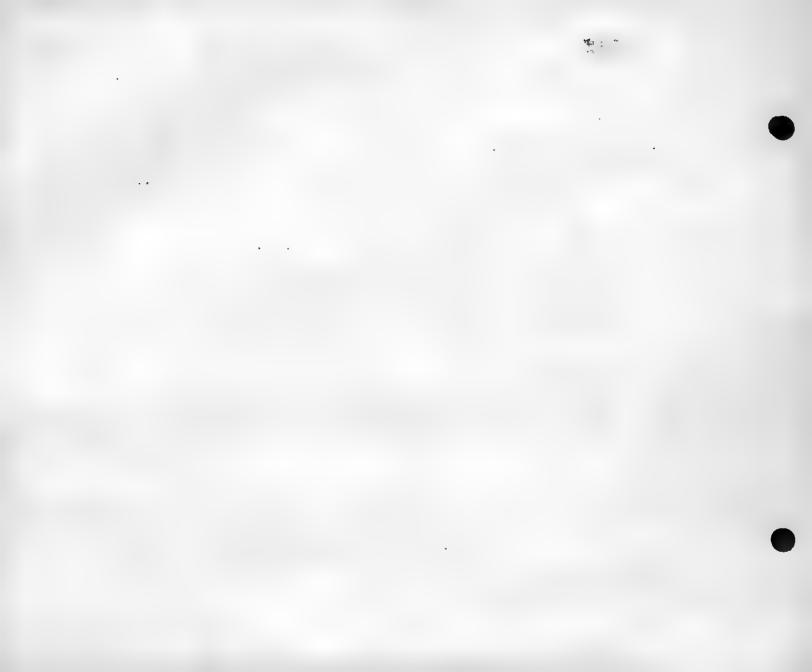
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 06655 Reg. Dist. No. 26649 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission COUNTY b. COUNTY Baltimore MARYLAND Marvland b City OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) life Baltimore. - 24 d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? 7302 Kirtley Rd 7302 Kirtley Rd YES NO DO 3. NAME OF 4 DATE OF DEATH Middle Month DECEASED (Type or print) George Skinner 1966 9. AGE (In years last birthdoy) 33 yrs 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys WIDOWED | DIVORCED [ 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) enginer Grevey-Grady Baltimore. Md USA. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Robert J.Skinner Margaret Meisel IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address Barbara Skinner 7302 Kirtley Rd Koren 2T3-30-559d TE. CAUSE OF DEATH [Enter only one come per line for (o), (b), and (c).] INTERVAL BETWEEN manime Heit o Pancieno ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18 ) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f (City or town) (County) (Slote) factory, street, office bldg., etc.) Hour o. m Not while of work of wark Niv 1965 to ... 1966, that I last saw the deceased 21. I certify that I attended the deceased from \_\_\_\_ \_\_\_, and that death accurred at 2:104 M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) Poge 3 st 220 BURIAL CREMATION. 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Gardens Of Faith Baltimore. Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE VS A15 (4) 1SM 10/57



1 6	X	MARYLAND STATE DEPARTMENT DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
= = ~ (N	4)	08656 CERTIFICATE OF DEATH
funeral and 2 r death.	1	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission
after of the function of the f		II J. STATE D. COUNTY
y the ages		b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town
hours d in by rs. Pag	_	Catonsville
24 ho filled a papers.		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE DN A FAIIM?
		Forest Haven Convalescant Home 418 Burlon Avenue YES NO 12
executed within and completely remove carbon in any event, with	3.	DECEASED
ed comp	5.	SEX   C. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years I F UNDER 1 YEAR IF UNDER 24 HRS
end con		WINDWED TO DIVORCED TO AND 1849 Of Last birthday) Months Days Hours Min.
	10	a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. SIRT HPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
e be reiciar reiciar	1"	ring most of working life, even if retired) INDUSTRY 21. S. A.
te fine	13	FATHER'S NAME
nding The remo		Peter Haydock Christian!
	0	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (es, no., or unknown) (If yes give war or dates of service)
dea ne a perr tion,	-	NO NOME MAS R. Tranklin 1418 Buylon ave
law requires that the death ittending physician. Has been signed by the atte as the burial-transit permit prior to burial, cremation, or		PART 1. DEATH WAS CAUSED BY-
es that physician signed I urial-trai		
ires that physici n signer burial-t		Conditions, If any, which ) (b) A-RESCUE SOCEREFIE ON AND - VAROUGH DISTAGE
requir ding p been the bi		gave rise to immediate
law re ttend has b as t prior		underlying cause last. (c)
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PHYSICIAN; The land the hospital or at this certificate hetached for use detached for use e Dept. of Health	FIC	YES NO Z  20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.)
Spit spit certi	SERT	OR CONTRIBUTING DEALER OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
HYSICI ne hos this ce etache Dept.		20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
	MEDICAL	Hour a.m. While Not While factory, street, office bldg., etc.) p.m. 19 at work at work
DIN ed be ld b	≥	21. 1 certify that (I) (this hospital) attended the deceased from 7// 1965, to 5//9, 1966, that (I) (we) las
OR ATTENDIS y be retained y BIRECTOR. A age 3 should lied with the S		saw the deceased alive on 5/19 1966, and that death occurred at 7/2 M, from the causes and on the date stated above
T WILL		22a. SIGNATURE 22b. DATE SIGNED
AL OR nay be IL DIR page filed	,	22c. PHYSTC/AN'S M.D. STAFF DIRECTOR DIRECTOR DIPHYS. D 5/20/66
HOSPITAL age 4 mai FUNERAL rector, pa		NAME (Type) Dr. John Shaw 5800 Edmondson Avenue
O HOSPITAL OR ATTENDING Page 4 may be retained by O FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Stat	23	
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Rurial 5/23/66 WON CONVENION (QW) DOCTO, 10 alder
7	2	ADDRESS 231. REQ D DE REGISTRAN S STATEMENT
VR A15 (4) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	John A. Moran, Inc3000 E. Baltimore Sale 24 1966 Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **HEALTH DEPT** PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY Baltimore deoth. MARYLAND b CITY OR TOWN (I outside corporate imits, write RURAL and give nearest town) CLENGTH OF STAY N 16 c CITY OR TOWN (f outside corporate limits write RURAL and give nearest town) l owson. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? hours Courtland Avenue Courtland Avenue aţe NO X olong with 3 NAME OF First Middle Lost Month DECEASED OF DEATH Frank Sluis May 12, 1966 (Type or pont) S SEX 6 COLOR OR RACE DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED Last birthday) Hours Male White March 27. 1889 MIDOWED DIVORCED Office 100, USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR BIRTHPLACE (Stote or foreign country) 12 CIT ZEN OF WHAT during most of working fe, even if refired) Public School COUNTRY? Utrecht, Holland Chief Medical Examiner's 13 FATHER S NAME Cusbert Sluis Sophia Vander Tol 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMAN Address (Yes no, or unknown) (If yes give wor or dotes of service) or removol. Personal Rewards 18 CAUSE OF DEATH (Enter any one cause per line for (a) (b). NTERVAL BETWEEN PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) This certificate should writing the word burial, crematian, DUE TO Conditions, if any, which gove rise to immediate couse (a), forworded to DUE TO stoting the underlying couse 0.5 PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? CAL CERTIFICATION the certificote. agent, prior to 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of inury in Port I or Port II of Item 18) PRIMARY OF CONTRIBUTING EXAMINER: CAUSE OF DEATH 20d INJURY OCCURRED 20c TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Home, form, (City or fown) (County) (State) Hour o.m. factory, street, office bidg., etc.) 21. I certify that I taak charge of the remains described above, he'd an Autapsy Inspection Inquiry and in my apinion the funeral director. death resulted from: Natural couses Suicide Hamicide Undetermined manner may be retained CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER eolth or its TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type Address (Street, city, town, or county) 230 BUR AL, CREMAT ON, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 50.0 Bury of 24 FUNERAL DIRECTOR VR A15ME (5) John Burns Sons. Towson, Maryland 6M 1/66



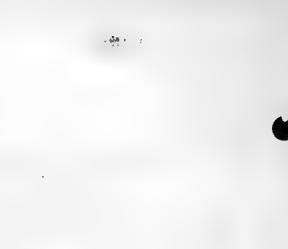
1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
uneral and 2 death.	08658 CERTIFICATE OF DEATH \$665	2
by the funeral Pages I and 2 urs after doath	2. USUAL RESIDENCE (Where deceased lived, 11 institution: Residence before ad a. STATE b. COUNTY  Baltimore Maryland b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  2. USUAL RESIDENCE (Where deceased lived, 11 institution: Residence before ad a. STATE b. COUNTY  Maryland c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	/
completely filled in by ve carbon papers. Pag event, within 72 hours	Baltimore 21224	
7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESI ON A F	ARM?
A		NO.
	3. NAME OF First Middle Last 4. DATE Month Day Yea OF OF (Type or print) Catherine Elizabeth Smith DEATH May 27, 19	66
	Female White WIDOWED DIVORCED February 27,1906 9. ACE (in years if UNDER 1YEAR IF UNDER Hours for the Hours of the Hours o	Min.
6	10a. USUAL OCCUPATION (Give kind of work done turning most of working life, even if retired)  Homemaker  10b. KIND OF BUSINESS OR INDUSTRY Home  Baltimore, Maryland  11c. CITIZEN OF WHAT COUNTRY  COUNT	
	13. FATHER'S NAME Ambrose Miller 14. MOTHER'S MAIDEN NAME Anne Shorp Hipshman	2
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, you, or unknown) (If yes give war or dates of service) (Same)	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Lobar pneumonia, right lobe.	EATH
	Conditions, if any, which gave rise to immediate (b)  Metastatic carcinoma of the brain.	
	cause (a), stating the DUE TO underlying cause last.	TODAY.
1	<u></u>	MED?
	Hour a.m.  p.m.  While Not While at work at work	state)
	21. I certify that (I) (this hospital) attended the deceased from April 24., 1966, to May 27., 1966, that (I) (we saw the deceased alive on May 27., 1966, and that death occurred at 7:20 M, from the causes and on the date stated	re) last abov <u>e</u>
,	22a. SIGNATURE  A.  ATTENDING MED. DIRECTOR STAFF May 27, 1966	
1	22c. PHYSICIAN'S NAME (Type) D.R. Govinda Rao, M.D. 22d. ADDRESS 7620 York Rd., Baltimore, Maryland 2	
	Burial 5/31/66. Holy Redeemer Cemetery Baltimore, Md.	(ate)
eld	24. FUNERAL DIRECTOR Leonard J. Ruck Inc. Balto. Md. 21214 DAMAY 31 1966 gelianla Judge	
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8	_ 1 _	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND		
	= =(M)	OS659 CERTIFICATE OF DEATH 06653		
	24 hours after death. filled in by the funeral apers. Pages 1 and 2 no 72 hours after death.	1. PLACE OF DEATH a. COUNTY b. COUNTY		
	after of the fu	a. COUNTY Baltimore MARYLAND a. STATE Maryland b. COUNTY Baltimore		
	by the Pages urs aft	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)		
•	in by Page	Hrbytus Itrbutus		
	24 ho filled papers in 72 h	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?		
		1329 Sulphurspring Kd. 1329 Sulphur Spring Ted YES NO D		
	PHYSICIAN: The law requires that the death certificate be executed within 24 ho the hospital or attending physician. The hospital or attending physician and completely filled in this certificate has been signed by the attending physician and completely filled idetached for use as the burial-transit permit. Then please the move carbon papers, be Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 he	3. NAME DE FIRST Middle Last 4. DATE Month Day Year DECEASED (Type or print) James 113 Smith S. 1966		
	omp omp	5. SEX 6. COLOR OR RACE 7 MARDIED TO MARDIED TO MARDIED TO 8. DATE OF BIRTH 9. AGE (In years I F UNDER 1 YEAR IF UNDER 24 HRS		
	and c	Male white widowed Divorced 1/25/44 Thomas Days Hours Min.		
	S R	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
	Sicial be	Survisor Gast Rectric Co Mary and USA		
	icate phy n pl val,	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME		
	ing The The emo	Prederick Smith Bessie Byrgess		
	tend it. or r	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)		
	deat e at pern ion,	Ves W. W. I Wiz-05-7/15/Lillian V. > mithi329 Julphur>p. 15		
	requires that the death certificate be of ding physician. Deen signed by the attending physician the burial-transit permit. Then please or to burial, cremation, or removal, afternoval.	18. CAUSE DF DEATH LEnter only one cause per line for (a), (b), and (c).]  PART L DEATH WAS CAUSED BY:  ONSET AND DEATH  ONSET AND DEATH		
	cian, ed b tran	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORDINARY OCCURSION C MYSCANGAR MASSELLA ACTUAL OF THE PARTY		
	es th hysin sign urial urial	Conditions, If any, which   DUE TO   Dronary Dollars 101		
	quir ng p sen te bi	gave (a), stating the DUE TO		
	ttending ttending has been as the b	underlying cause last. (c)		
	PHYSICIAN: The law requires that the hospital or attending physician, this certificate has been signed by detached for use as the burial-trans. Dept. of Health prior to burial, cre	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO.  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  19. WAS AUTOPSY PERFORMED?  YES NO.  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	ClAN: The ospital or a certificate hed for use t. of Health	YES NO.		
	spits spits of f	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) CR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	PHYSICIAN: The Little hospital or at the hospital or at this certificate detached for use e Dept. of Health			
		Hour a.m.   While   Not While   factory, street, office bldg., etc.)		
	ATTENDING Pretained by t CCTOR: After Should be d vith the State	21. I certify that (I) (this hospital) attended the deceased from Nov 1863, to 1964 (I) (wer las		
	ATTENDI retained CTOR: A Should vith the	saw the deceased alive on 1960, and that death occurred at M, from the causes and on the date stated above		
	S S S S S S S S S S S S S S S S S S S	22a. SIGNATURE 22b. DATE SIGNED		
	L OR be ly be age 3	M.D. ATTENDING MED. STAFF STAFF STAFF		
	PITA T m2 Sr, p	22c. PHYSICIAN'S NAME (TYPE) TEACH POSS 4001 WILKERS AVE.		
	TO HOSPITAL OR ATTENDIN Page 4 may be retained TO FUNERAL DIRECTOR: Af director, page 3 should I should be filed with the S	ar all the second secon		
	E 등 E	230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  13 Wright 5/23/66 Bullings National leastly Battings Manylessel		
	0	24. FUNERAL DIRECTOR ADDRESS   25a. REC'D BY REGISTRAR   25D. REGISTRAR S GIGNATURE		
	VR AI5 (4)	Umber In 1927 Sulphus Sp PU- MAY 23 1966 Johnster Judges		
	20M 1/65			



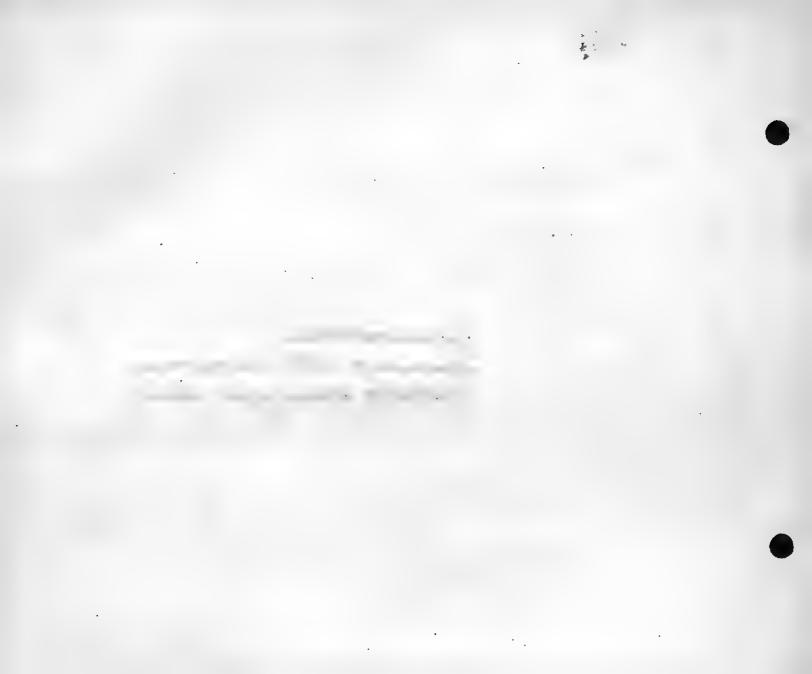
1 8	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212	201
FOR STATE	06660 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 066	54
HEALTH DEPT.	1 PLACE OF DEATH  0. COUNTY  Baltimone  MARY,AND  D. CIY OR TOWN If a style corporate limits  I ENGTH OF STAY IN Jh  C. CIY OR TOWN If a style corporate limits  I ENGTH OF STAY IN Jh  C. CIY OR TOWN If a style corporate limits with PURA and a very	more.
2, and 3 to PM3. Page partment of affer coth	b. CTY OR TOWN (If autside corparate limits, write RURA, and give nearest tawn)  c LENGTH OF STAY IN 1b  c. CTY OR TOWN (If autside corparate limits, write RURA, and give nearest tawn)	neorest town)
ofter death 1f cny delay 8. Give Pages 1, 2, and 3 olang with form PM3. Powith the State Department within 72 hours offer to	d NAME OF HOSPITAL OR ASTITUTION (If not in haspital, give street address)  St. Joseph's Hospital  9615 10th Ave.	e IS RESIDENCE ON A FARM? YES NO
ofter death 3. Give Page olang with with the Stol within 72 h	3 NAME OF First Middle Last 4 DATE Month OF OF May (Type or print) Louise Rickie Smith DEATH May	Doy Year 9 19 <b>66.</b>
s ofter d 18. Give e olang v 2 with the	S SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (n years lost buthday)  Female White WIDOWED X DIVORCED 0ct. 4. 1891 Manths	Days Haurs Min.
thin 24 hours encil in Item 18 miner's Office o pages land 2 v in any event 2	10g SUAL OCCUPAT ON IGIVE kind of work done 10b KIND OF BUSINESS OR 11, BIRTHPLACE (State or fore an equatry) 12 CIT	UNITRYS.A.
INER: This certificate should be executed within 24 hours ofter death. If a certificate, writing the word "pending" in penal in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files. Should be used as a burial-transit permit. Fire pages land 2 with the State Dent, prior to burial, cremation, or removal, and in any event within 72 hours.	13. FATHER'S NAME  Followard Davis  14. MOTHER'S MAIDEN NAME  Rickie ?	
tated with and and ficol Exonormit. Fire word, and	Yes, na, asynkhawn) (If yes give war ar dates of service) 219-16-7241 John D. Hock: 9615 10th Ave. Ba	ulto., 34, Md.
ote should be executed grade word "pending" is to the Chief Medical to buriol-tronsit permit.	18 CAUSE OF DEATH (Enter any one cause per line far (d), (S) and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
hould word the Ch uriol-tro	Conditions, if ony, which gave ) (h)	
ficote s ing the ded to os o bu f, crem	rise to immediate cause (a), stoting the underlying cause (c)	
This certificate should cate, writing the word be forwarded to the CI be used as a buriol-trate burial, cremation,	PART II OTHER SIGNIF CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART H(a)	19 WAS AUTOPSY PERFORMED? YES NO
INER: The e certifical should be files. 3 should be int, prior t	20d EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of item 18.) Relimany of Death	The state of the s
	20c TIME OF N.JRY Manth, Day, Year 20d INJJRY OCCURRED 20e PLACE OF NJURY (Home, farm, hor wind) (Case Haur a.m. p.m. 19 20f wark at wark at wark at wark 20 at wark	unty) (State)
herral Exa eose execute irector Page anned for you IRECTOR: Pog designated o	21. I certify that I took charge of the remains described above, held an Autapsy, Inspect an, Inquiry, death resulted from Natural causes Accident, Suicide, Homicide Undetermined manner	and in my opinion
EPUTY MEDIC ssary, p eose e funeral director by be retained NERAL DIRECT th or its design	ACTUAL SIGNATURE OF ACTUAL SIGNATURE ASS STANT MEDICAL EXAMINER ASS STANT MEDICAL EXAMINER	22. DATE SIGNED
necessary, p ease execute the funeral director Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designated age	EXAMINER'S NAME (Type) Charles F. O'Donnell DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	19/66
10 D TO FU Head	REMOVAL (Specific) 5-12-66. Moreland Memorial Park 2901 Taylon Ave 1	(County) (State)
VR A15ME (5)	24 FUNERAL DIRECTOR 250. RECD BY REGISTRAR 256 REGISTRARS ST. DMAY 12 1966 KClishle	Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06661 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death by the funeral Pages I and and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. COUNTY b. COUNTY o. STATE Maryland Baltimore Baltimore MARYLAND C LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate 1 mits. c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town)
Towson 7 yrs. Towson d. STREET ADDRESS IS RESIDENCE ON A FARM? d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 7507 Knollwood Rd. 21204 7507 Knollwood Rd. 21204 YES NO X NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED Smith Milton Ε. May 8 19 66 (Type or print) DEATH S SEX 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH AGE (in years IF UNDER 1 YEAR IE JINDER 24 HRS 7. MARRIED 73 lost birthdoy) Male White Sept. 9, 1892 DIVORCED WIDOWED 12 CITIZEN OF WHAT 100 JSJAL OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Maintenence Hospital Omega, West Virgina
14. MOTHER'S MAIDEN NAME ILS A 13. FATHER'S NAME A. J. Smith Phoebe Vance IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (fyes give wor or dates of service)
Yes W. W. 1 Mrs. Milton E. Smith 215-05-2965 7507 Knollwood Rd. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) burial-transit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a). temosclerote cardio vascular discas DUE TO stating the underlying couse has been d) WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X TO FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) Hour o.m. Not Wh'le foctory, street, office bldg., etc.) . 19 5 8. to 5-8 . 1966, that (1) (-we) last 21. I certify that (1) (this hospital) attended the deceased fram\_ 19 66 and that death accurred at 3 M M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22n SIGNATURE ATTENDING STAFF 5-10-66 MD. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. Alfred G. Ossman Jr. 1010 St. Paul St. director, shauld b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION. (County) BuREMOYAL (Specify) 5-11-66 Dulaney Valley Cemetery Baltimore, Maryland ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 1050 York Rd. Wm. Cook-Brooks Towson Inc.



1. PLACE OF DEATH BALLANCE MALCAL CINLAMARYLAND a. STA  D. CITY DR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)  D. CITY DR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)  Au of life  d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address)  d. STREET	DEATH  RESIDENCE (Where deceased live  ATE	06656
4 227	ATE : /' 1	A 14 for A Autom Designer by Company of Control
4 997	Maryland	b. COUNTY Backmere
# Ear	T ADDRESS	milts, write RURAL and give nearest town
3. NAME OF First Middle Last	2-Bestart R	ON A FARM? YES ND MONth Day Year
3. NAME DF FIRST MIDDLE LAST DECEASED (Type or print)  5. SEX 6. CDLDR DR RACE   7. MARRIED NEVER MARRIED   8. DATE DF	BIRTH 9. AGE (In last bir	1 A Y 3 1966 1 years   IF UNDER 1 YEAR   IF UNDER 24 HR (thday)   Months   Days   Hours   Min.
WIDDWED DIVORCED 4-3  1Da. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired)  RETIRED (Markaal Aman Co)  Sur	HPLACE (County & State, or foreign	yrs.   12. CITIZEN OF WHAT COUNTRY?
13 CATMEDIC MAME	HER'S MAIDEN NAME	1 21.3.
15. WAS DEC FASED EVER IN IL S ARMED ERRORS? 1 18 SDE 141 SECURITY AND 1.17 INFORMANT	auca Car	Address
(Yes, no, or unknown) (If yes give war or dates of service)  18. CAUSE DF DEATH [Enter only one cause per lipe for (a), (b), and (c), 1  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	J	INTERVAL BETWEEN DNSET AND DEATH
Cenditions, If any, which gave rise to immediate cause (a), stating the DUE TD  DUE TD  DUE TD  DUE TD  DUE TD	Carcuri	ne .
underlying cause last. (c)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT ELATED TO THE DEATH STANDARD CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY DCCURRED. (Enter Death Contribution of the	TERMINAL DISEASE CONDITION G	IVEN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
5 5 9 to S p.m. 19 at work at work	RY (Home, farm, 20f. (City or t	
saw the deceased alive on		causes and on the date stated above
22c PHYSIC MODIS	MED. STAF DIRECTOR PHYS ADDRESS	5.
22c. PHYSICHARIS NAME (Type)  22d. A  22d. A  22d. A  22d. A  22d. A  23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  6-3-66  Dulmey Valley Mo	TORY 23d. LOCATION (	(city, town or county) (State)
VR A15 (4) R JOHN DUMO JON JOWAN 4 Kel-	251 TREC'D BY REGISTRAR 2	REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08663 death. requires that the death certificate be executed within 24 haurs after death ampletely filled in by the funeral tive carbon papers. Pages I and event, within 72 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTYBaltimore Baltimore p. COUNTY Maryland MARYLAND b CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b Pute Pite Altrandigue nearest tawn) Parkville d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? 8007 Harris Ave. 8007 Harris Ave. YES T NO 💢 NAME OF DECEASED First Middle 4 DATE Month Lost Doy Year Edna Snyder May 17. 19 66 DFATH (Type or print) 9 AGE (In years IF JADER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH NEVER MARRIED last hirthdoy) Days F. W. Oct. 13, 1886 WIDOWED DIVORCED Da USJAL OCCUPATION (Give kind of work dane 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR duri H most of work ne life, even if retired) Own Home Warren. Pa. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Thomas Tyler Unknown IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no. or unknown) (If yes give war or dotes of service) Mrs. Florence Crawford 8007 Harris Ave. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) signed by the burnal-transit PART I. DEATH WAS CAUSED BY: CEREBEAL THROMBOSIS IMMEDIATE CAUSE (o) DUE TO GENERALIZED ARTERIOSCLEROSS Canditions, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying cause O FUNERAL DIRECTOR: After this certificate has been the last. 19. WAS ALTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES [ NO D 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II af item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Caunty) (State) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) 21. I certify that (1) (this hospital) attended the deceased fram. 19 66, and that death accurred at 1 P M, framcouses and an the date stated above saw the deceased alive on S 22b. DATE MGNED 22o. SIGNATURE DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS TO HOSPITAL Leonard P. Berger 8100 HARFORD NAME (Type) 23d LOCATION (City or Town) Md. 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b DATE THEREOF (County) (State) Greenmount Crematory Cremation 5/20/66. Kuck Inc. Balto. Md. 21214 25b. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR VCharley



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06664 CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Baltimore Maryland b. COUNTY by the f Pages 1 ars after MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town)
Towson bon papers. Pag within 72 hours Baltimore .≡ e. IS RESIDENCE filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? 509 East Joppa Rd. Chespeake Manor N. H. 5600 Loch Raven Boulevard NO letely carbon Middle Last DATE Month Day **OECEASED** Snyder 1966 event. K. compl (Type or print) Grace DEATH May 6. COLOR OR RACE 7. MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. 5. SEX 8. DATE OF BIRTH 9. NEVER MARRIEO any May 11, 1894 Female White WIDOWEO A OIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR = 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Baltimore, Md. Homemaker removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending F ermit. Then Schneider 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Mr. Chester Wm. Snyder, Jr. None None same address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the burial-transit or no burial, crema ONSET AND DEATH PART I, DEATH WAS CAUSED BY: ANEURYSM OF THE THORACIE EARS. IMMEDIATE CAUSE (a) DUE TO RTENIUS CIFROSIS Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMEO? certificate NO 54 YES | this certing detached for 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part | of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After at work at work p.m DIRECTOR: Agage 3 should 0 21. I certify that (I) (this hospital) attended the deceased from. 19 66. that (I) (we) last and that death occurred at M. from the causes and on the date stated above 66 saw the deceased alive on DATE SIGNED 22a. SIGNATURE MAY 3,19 page ATTENOING PHYS. DIRECTOR PHYS. O FUNERAL PHYSICIAN **AODRESS** director, p should be NAME (Type) MERIDENE BURIAL, CREMATION, 23b. REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY OATE THEREOF 23d. LOCATION (City, town or county) Burial Ridge Cemetery Pike sville Md FUNERAL DIRECTOR VR AI5 (WG DATE 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08665 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE. HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission 3 to Page a. COUNTY n. STATE b. COUNTY death Raltimore 90 Md. MARYLAND Deportment b. CITY OR TOWN (If outside corporate limits," c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write-RURAL and give nearest town) and write RURAL and give negrest town) after Baltimore Reisterstown 3 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENC form hours ON A FARM? Old Hanover Road 2000 Orleans Street ate NO K Give Pages YES haurs after death WITH 3 NAME OF 4 BATE First Middle Month あ Doy Year DECEASED es. Cesper Spence May 19 66 (Type or print) DEATH Office along S SEX 6 COLOR OR RACE B DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED Months birthdov) Dovs HOLIS Apr. 24. 1941 Male Colored WIDOWED DIVORCED Item 18 even puo 100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OR 11 BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired) INDUSTRY . COUNTRY ? pages l in any Virginia USA 24 ⊆ Chief Medical Examiner's Shippling Clerk 13. FATHER S NAME pencil 14. MOTHER'S MAIDEN NAME be executed within Melvin Spence Reid Velma and <u>=</u> 1S WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(II yes give wor or dates of service) 17 INFORMANT 16 SOCIAL SECURITY NO Address permit. pending" i removol. 284-38-6060 Mrs. Velma Spence Baltimore. Md. No 1B. CAUSE OF DEATH (Enter only one cause per ne for (o), (b) and (c)) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART DEATH WAS CAUSED BY Drowning (accidental) 0 IMMEDIATE CAUSE (o) writing the word This certificate should cremation, DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse 0 forworded Š lost used c PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? the certificote, NO 30 prior to 200 EXTERNAL CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED (Enter noture of Injury in Port 1 or Port 11 of Hem 18.) Out on should PRIMARY Or CONTRIBUTING should rowboat, fell overboard & drowned. MEDICAL EXAMINER: CAUSE OF DEATH MED, CAL 20¢ TIME OF NURY Month, Day, Year 20d NJURY OCCURRED 20e PLACE OF INJURY (Home, farm 20f, (City or town) (County) (Stote) Lake (Home, form While Not While of work pm May 29 of work 1966 Reisterstown Balto. Md. pleose execute or its designated Inspection x Inquiry x. and in my apinian FUNERAL DIRECTOR: the funeral director. death resulted from: Natural couses , Accident X Suicide [ Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPLTY MEDICAL EXAMINER (X) **EXAMINER'S** Health 1 D. D. Caples, M. D., 6 Hanover Rd Addre Rede terstown Md. 5-31-66 may NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BUR AL CREMATION 23b DATE THEREOF (County) 90 Burial Burial Carroll Co. Garden of Enternal Hope Md. 24. FUNERAL PIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15ME (5) 802 Madison Ave. Balto. Md. Home DATHIN 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



301 W. PRESTON STREET, BALTIMORE 1. MARYLAND OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission, a. COUNTY b. COUNTY by the and 2 death. Raltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town)
Baldwin Baldwin d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Brooks Cross Farm Brooks Cross Farm YES THE NO papers. 3. NAME OF 4. DATE Month Middle DECEASED Frank within (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR and last birthdey) Deys Months WIDOWED [ 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Farming England U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ruben Spring 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give we rordates of service) No Mr. Frank Spring, Jr. Timonium, Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH Muscardial Infarction PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterioschrotic Cardiobarcula Duciare years Conditions, if eny, which geve rise to immediate cause DUE TO (a), sletting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? prior NO V 20m. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Perf I or Part II of item 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stete) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) fectory, street, office bldg., etc.) While Not While at work et work 21. I certify that (I) (this hospital) attended the deceased from... .........1956..., and that death occurred at IPPM, from the causes and on the date stated above. saw the deceased alive on.. 23b. DATE 22s. SIGNATUR ATTENDING DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS 23d. LOCATION (City, fown or county) (Stata 23a, BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY ಡಿಕ್ಟ್ May 14, 1966 Dulaney Valley Cockeysville, Md. 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Wm. Cook-Brooks Towson, Towson VR A15 [4] 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death and PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY papers. Pages in 72 hours afte MARYI AND b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) Middle River Middle River d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS ON A FARM? Park Koaa event, within unaston ston NO. YES etely executed within carbon 3. NAME OF Middle Last DATE Month Day Year DECEASED DF Adele comilia (Type or print) Katherine DEATH 19 66 5. SEX a∎d cor remove 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIEO NEVER MARRIED last birthday) any Months Days Hours WIDOWED 3 DIVORCED toa. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician death certificate be COUNTRY? Housewite 13. FATHER'S NAME MOTHER'S MAIDEN NAME attendin ohn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. burial-transit permit burial, cremation, or (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to Immediate the to DUE TO cause (a), stating the as th underlying cause last. certificate has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. for use Health PERFORMED? YES [ NO [ 202. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part |) of Item 18.) r this certil detached f te Dept. of I MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) After thi factory, street, office bldg., etc.) Hour a.m. While Not While D HOSPITAL OR ATTENDING Page 4 may be retained by p.m. 19 at work at work I FUNERAL DIRECTOR: Aft director, page 3 should b should be filed with the St 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last and that death occurred at 1248 M, from the causes and on the date stated above. 1966 saw the deceased alive on SIGNATURE 22b. DATE SIGNED 22a. M.D. PHYS. DIRECTOR PHYS. PHYSICIAN' 22¢. 22d. ADDRESS director, p BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) burial arkwood emeteru FUNERAL DIRECTOR REGISTRAR'S SIGNATURE A15 (4) 1/65 20 M



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	LAND
± − (M)	OSEES CERTIFICATE OF DEATH	32
24 hours after death. filled in by the funeral apers. Paper and 72 hours after death.	1. PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence Baltimore  MADYLAND MONTE OF SEATH  B. COUNTY  MONTE OF SEATH  B. STATE  MONTE OF SEATH  B. COUNTY	before admission)
after with a safe	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Maryland  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	ve nearest town)
ours in b	Baltimore 21221	1
24 h		ON A FARM?
hin nety f nithir	3. NAME DF First Middle Last 1.4 D&FF Month Day	YES NO Year
executed within and completely remove carbon In any event, with	(Type or print) Gerald D. Stotler, Jr. DEATH May 10,	1966
com com	6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. ACE (In years   IFUNDER 1 YEAR	
exec and remy remy	TRATE WILL WILDOWED DIVORCED TO TOO YES. 9	
be ician ase nd ir	102. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  111. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN COUNTRY  Baltimore, Maryland	?
cate ohysi o ple al, a	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
ing I	Gerald D. Stotler Margaret Wilder	
h ce tend iit. or re	15. WAS DECEASED EVER IN U.S. ARIMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) ((If yes give war or dates of service)	
deat ne at pern iion,	(Same)	DIAL DEDUCES
the by th nsit emal	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Intussusception with gangrene of the terminal	RVAL BETWEEN ET AND DEATH
that iciar ned Il-tra Il, cr	DUE TO ileum and colon.	
rres phys puris buris	Conditions, If any, which	
requi	gave rise to Immediate Cause (a), stating the DUE TO	
tten tten has prio	underlying cause last. ) (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)   19.	WAS AUTOPSY
or a cate a safe	IA I I I I I I I I I I I I I I I I I I	PERFORMED?
PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. This certificate has been signed by the attending physician detached for use as the burial-transit permit. Then please be Dept. of Health prior to burial, cremation, or removal, and in the contract of the co	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)  19.  YE  2DD. ACCIDENT WAS UNDERLYING   2DD. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  B OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	4-5-
ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after by the hospital or attending physician. If the hospital or attending physician and completely filled in by the be detached for use as the burial-transit permit. Then please remove carbon papers. Pages State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the prior to burial.	20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, Pactory, street, office bldg., etc.)   2Df. (City or town)   (County)   4   4   4   4   4   4   4   4   4	(State)
OR ATTENDING be retained by JIRECTOR: After ge 3 should be ed with the Stat	21. I certify that (I) (this hospital) attended the deceased from May 10, 1966, to May 10, 1966, to	
STOR Short	saw the deceased alive on May 10, 1966, and that death occurred at 2:15 M, from the causes and on the dat	
L OR I	M.D. ATTENDING MED. DIRECTOR DIRECTOR PHYS. TO May 10,	
TO HOSPITAL OR ATTENDING P Page 4 may be retained by t TO FUNKRAL DIRECTOR. After director, page 3 should be d should be filed with the State	PHYSICIAN'S NAME (Type) D.R. Govinda Rao, M.D. 22d. ADDRESS 7620 York Rd., Baltimore, Md. 2	
O Fig dire	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
0	28. FUNERAL DIRECTOR ADDRESS 256. REC'D BY REGISTRAR'S SIGN	IATURE
VR A15 (4)	1. S. Connelly Sons 300 Mace (21) MAY 13 1966 golianly I.	ide
20M 1/65		0

08669 CERTIFICATE OF DEATH Reg. Dist. No. director, ifed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits, write c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and guy nearest town) LanoRe d. NAME OF HOSPITAL (If nat in hospital, give street address) & IS RESIDENCE ON A FARM? 200 YES NO gud 3. NAME OF DECEASED First Middle Month Year DEATH (Type or print) AGE (In years last birthdoy) n ond completely in the property Pographics and property for the property of t IF UNDER 1 YEAR! IF UNDER 24 HRS S. SEX 6. COLOR OR RACE MARRIED . NEVER MARRIED . Months Days DIVORCED [ WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NÁME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? SECURITY NO INFORMANT Address ottending p INTERVAL BETWEEN 18. CAUSE Of DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH Coronary Occlusion PART I. DEATH WAS CAUSED BY l hr. IMMEDIATE CAUSE to **DUE TO** Arteriosclerotic cardiovascular disease 3 years Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or tawn) (County) (Stote) factory, street, office bldg., etc. Hour o.m. While Nat while at work at work p. m. 1966that I last saw the deceased 19 65 to 21 I certify that I attended the deceased from November May and that death accurred at 9: 30A.M. from the causes and an the date stated above. alive an DATE SIGNED ADDRESS (Street, city or town, stote) FUNERAL DIREC 5101 Gwynn Oak Avenue. pe prior SIGNATURE 3 should NAME (Type) Millard T. Traband Baltimore. Md. 21207 22d. LOCATION (City, town, or county) 220 BURIAL CREMATION. (Stote) page REMOVAL (Specify 2 a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VS A15 (4) 15M 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06670 CERTIFICATE OF DEATH by the funeral Pages 1 and 2 naurs after death, requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY BATTIMORE MARY LAND MARYLAND b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD 8 Days BAT.TIMORE campletely filled in d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL 2317 DUKETAND ST. NO T NAME OF First Middle DATE Month Lost Doy Year remave carban DECEASED MAY JULJUS SULLIVAN 19 66 (Type or print) DEATH I IF UNDER 24 HRS S SEX AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED **NEVER MARRIED** lost birthdov) Doys Hours MATE NEGRO WIDOWED DIVORCED TOBER 10. too LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) please during most of working life, even if retired) COUNTRY? INDUSTRY U.S. STEVEDORE SHIPPING BRANCHVILLE, S.C. 13. FATHER'S NAME CHRISTOBELL WILSON (DEC) JULIUS SULLIVAN (DEC) WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT VA HOSPITAL permif. (Yes, no, or unknown) (If yes give wor at dates of service 214 16 84 80 CLINICAL RECORDS FORT HOWARD, MARYLAND YES crematian. CAUSE OF DEATH (Enfer only one couse per line for (o), (b), and (c), INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BRAIN STEM FAILURE IMMEDIATE CAUSE (o) DUE TO CEREBRAL SWELLING Conditions if ony, which gove ! rise to immediate couse (a). DUE TO stating the underlying couse by the hospital ar attending as the O FUNERAL DIRECTOR: After this certificate has been SARCOMA OF THE BRAIN WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION for use Health NO 20o ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED ((ounty) (Stote) Not While factory, street, office bldg., etc.) to 5/20/66 5/12/66 21. I certify that (4) (this haspital) attended the deceased fram \_\_, that (f) (we) last Page 4 may be retained and that death accurred ato: 40PM, fram causes and an the date stated above. saw the deceased alive an 5/20/66 220 SIGNATURE 22b. DATE SIGNED STAFF PHYS 5/20/66 DIRECTOR M.D. PHYS director, page should be filed PHYSICIAN S 22d. ADDRESS NAME (Type) ROBERT G. HENNESSY M. D. VAH FORT HOWARD, MARYLAND 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION 23b DATE THEREOF 23d. LOCATION (City or Town) (Stote) (County) BALTIMORE NATIONAL BALTIMORE, MARYLAND 25g. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1701 Laurens St. Baltimore



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05671 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) delay is nd 3 to Page a COUNTY a STATE b COUNTY death. Maryland MARYLAND Baltimore Department b CTY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give negrest tawn) write RURAL and give nearest town) Baltimore Baltimore-rural d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? haurs ote 230 N. Mount St. St. Joseph Hospital YES | NO 24 hours after death 3 NAME OF Middle \$ 22 Last 4 DATE Month DECEASED the within (Type or pnnt) Robert DÉATH Sutton 5 SEX 6 COLOR OR RACE 9 AGE [ n years 7 MARRIED IF UNDER 1 YEAR NEVER MARRIED b,rthday) Days Hours WIDOWED DIVORCED event male colored 10a USUAL OCCUPAT ON (Give kind of work dane 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT during mast of warking life, even if retired) INDUSTRY COUNTRY? Ξ pencil Examiner 13 FATHER'S NAME This certificate should be executed within FIE pup 15 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN "pending" (Yes, na, or unknown) (If yes give war ar dates of service) remayal. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN fransit ONSET AND DEATH ö Presumably drowning IMMEDIATE CAUSE (a) e, writing the ward farwarded ta the Ch crematian, DUE TO burial Canditions, if any, which gave nse ta immediate cause (a), DUE TO stating the underlying cause 8 burial, a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS CATION PERFORMED? please execute the certificate. YES Z No designated agent, priar to 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED After nature of injury in Part I or Part II of item 18) PR.MARY T ar CONTRIBUTING shauld CAL EXAMINER: ? - found in pool (School CAUSE OF DEATH 20c T ME OF INJURY Manth, Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) While at work of work factory, street, office bldg, etc.) FUNERAL DIRECTOR: Page 19 66 water Baltimore-rural Balto. Md. 21. I certify that I tack charge of the remains described above, held an Autapsy (3) Inspection | Inquiry and in my apinian death resulted fram: Natural causes -Suicide I Accident X Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 50 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5/17/66 Health NAME (Type) Address (Street, city, town, or county) Werner U Spitz. NAME OF CEMETERY OR CREMATORY 0 REMOVAL (Specify) will 24 FUNERAL DIRECTOR REC'D BY REGISTRAR VR A15ME (5h 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06666 ecuted within 24 haurs after death. by the funeral Pages 1 and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. COUNTY o. STATE BALTIMORE MARYTAND BALTIMORE MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and a ve nearest town) FORT HOWARD 4 DAYS BALTIMORE - 21222 d. STREET ADDRESS d NAME OF HOSPIFAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL 7009 RAILWAY AVENUE NO X NAME OF Middle DATE First Last Month Doy Year DECEASED **JOHN** W. TAYLOR 66 (Type or print) DEATH MAY AGE (In years IF UNDER I YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF LINDER 24 HRS NEVER MARRIED 7. MARRIED remove birthday) Hours **B**PST JULY 30, 1885 MALE WHITTE WIDOWED DIVORCED 12 CITIZEN OF WHAT requires that the death certificate to 10a JSUAL OCCUPATION (Give kind of work dane LOB. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) egse during most of working life, even if retired) COUNTRY? INDUSTRY ENGINEER (SHIP MERCHANT MARINE BALTIMORE COUNTY, MARYLAND U.S.A ᆲ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES G. TAYLOR MARGARET GROSS IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no prunknown) (If yes give war or dotes of service) 50 64 92 CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per time for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY-THROMBOSIS OF THE RIGHT MIDDLE CEREBRAL ARTERY IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if any, which gave rise to immediate cause (o), DUE TO stating the underlying couse TINENAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) YES | NO ģ 200. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Haur om. factory, street, office bldg , etc.) Not While ta\_5/3/66 21. I certify that (4) (this haspital), attended the deceased from 4/29/66 , 19 \_\_\_, 19\_\_\_, that #1) (we) last 5/3/66 and that death accurred at 5:35AM, from causes and on the date stated above saw the deceased alive an... 22b. DATE SIGNED 5/3/66 22a, SIGNATURE **ATTENDING** DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) LAWRENCE F. AWALT, JR., M. D. VAH FORT HOWARD, MARYLAND should 23b. DAJE THEREOF BURIAL, CREMATION. REMOVAL (Specify) THESINE, MARYLAND 2Sb REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR Funeral Home Walter Brooks Bradley

dur.



COUNTY   C	TRACE OF DEATH  1. PLACE OF DEATH  2. USUAL RESIDENCE (Where decreased lived, It institution, Residence before COUNTY  MARYLAND  3. USUAL RESIDENCE (Where decreased lived, It institution, Residence before COUNTY  MARYLAND  4. STATE SURAL and give nearest town)  5. COLOR OWN (if out de corporate limit), write RURAL and give nearest town)  6. COLOR OWN (if out de corporate limit), write RURAL and give nearest town)  7. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  8. STATE ADDRES  7. NARRIED   NIGHT OF STAY IN ID  8. DATE OF BIRTH  9. DATE Month  10. DAYE  10. DATE OF BIRTH  10. DATE OF BIRTH  10. DATE Month  10. DAYE  10. DATE OF BIRTH  10. D	/ 1	,	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA
PARCE OF DEATH   COUNTY   NARYLAND   C. LENGTH OF STAY IN 16   C. STATE   C. COUNTY   C. C. STATE   C. COUNTY   C. C. STATE   C. COUNTY   C. C. STATE   C. C. STATE   C. C. STATE   C. C. C. C. STATE   C.	DUNCKED OF DEATH   C. COUNTY   SAFETY   C. COUNTY	1	١	08674 CERTIFICATE OF DEATH
STATE OF BIRTH CRIPE RD    STATE OF BIRTH   STATE   ST	NAME OF   NAME	K		PLACE OF DEATH  e. COUNTY  BALTIMORE  MARYLAND  b. CITY OF YOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16)  C. CITY OF YOWN (if outs de corporate limits, write RURAL and give nearest
5. SEX  6. COLOR OR RACE 7, MARRIED   NEVER MARRIED   8. DATE OF BIRTH  9. AGE (If YIS 18 IF UNDER 1 YEAR IF UNDER 1 YEAR IS 1 III III III III III III III III II	5. SEX  6. COLOR OR RACE 7, MARRIED NEVER MARRIED   8. DATE OF BIRTH 9. AGE (If You's If Under 1 YEAR lest birthday) Months   Days   Months	~		107 RIVERTHORNE RD. 107 RIVERTHORNE RD YES DECEASED OF OFF Month Day
13. FATHER'S NAME    14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT   16. SOCIAL SECURITY NO. 17. INFORMANT   Address	13. FATHER'S NAME  14. MOTHER'S MAJUEN NAME  15. WAS DICEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  17. INFORMANT  Address  18. GRUSE OF DEATH [Enter only one cause pay line for (a), [b), and (c).]  PART I. DEATH WAS CAUSED BY, MEDICAL CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), staling the underlying (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. W. P.		10a	SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  8. DATE OF BIRTH  9. AGE (if your Industry I
18. CRUSE OF DERTH (Enter only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last,  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS CONTRIBUTING CAUSE OF DEATH (EITHER, NOTIFY MEDICAL EXAMINER)  20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS CONTRIBUTING CAUSE OF DEATH (IF ITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year While Section, Street, office bidg., etc.)  While Not While Section, Street, office bidg., etc.)  21. I certify that (I) (this hospital) attended the deceased from	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), staling the underlying (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. W. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. W. PI YES  20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH Hour e.m. p.m. 19 at work at work 19 DIRECTOR  PHYS.  21. I certify that (i) (this hospital) attended the deceased from		13.	FATHER'S NAME  PETER  TELAK  WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1. 17. INFORMANT  Address
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21. I certify that (i) (this hospital) attended the deceased from	21. I certify that (i) (this hospital) attended the deceased from			P YES [ 20a ACCIDENT WAS UNDERLYING   20b, DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part It of item 18.) OR CONTRIBUTING   CAUSE OF DEATH
	22a. SIGNATURE  ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR PHYS. 22d. ADDRESS 7		MEDICAL	Hour e.m. p.m.  19   While Not While at work   fectory, street, office bldg., etc.)    21.   certify that (i) (this hospital) attended the deceased from

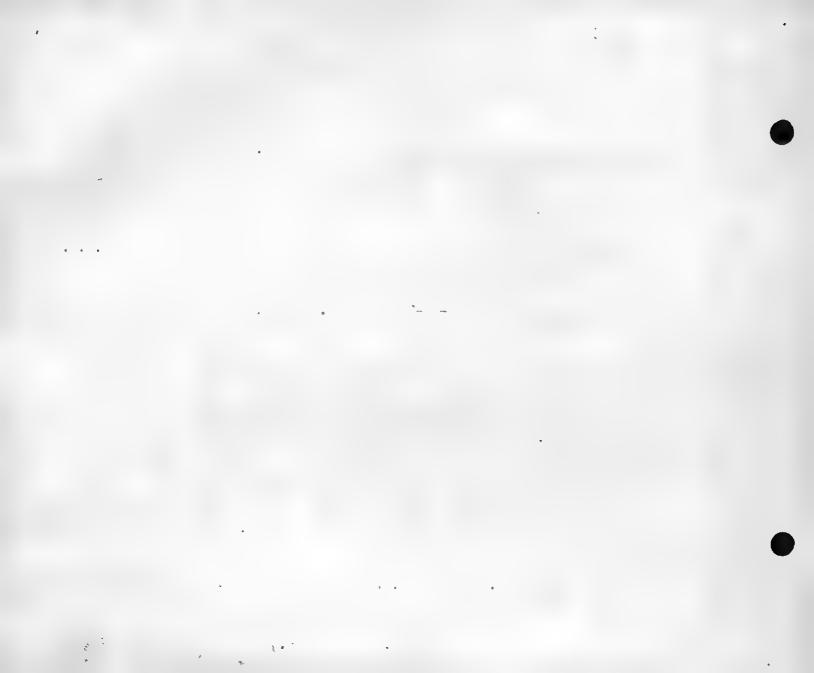


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08675 MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE HEALTH DEPT O COUNTY USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o STATE b COUNTY 2, and 3 to PM3. Page of ALTO. hours after death. MARY, AND Department b (ITY OR TOWN (If outside corporate imits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If autside corparate mits, write RURA, and give nearest town) write RURAL and give nearest fawn 3 e IS RESIDENCE ON A FARM? OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS BOX Office along with-form 146 K in Item 18. Give Pages NO 🔀 ate YES after death NAME OF DATE M ddie Lost Month Year DECEASED 01 IELL within 66 (Type or print) DEATH 19 with 9 AGE ( n years IF UNDER 1 YEAR IF JNDER 24 HRS DATE OF BIRTH 7, MARR ED burn doy) Months Doys Hours haurs WIDOWED DIVORCED and 2 event 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fore an country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? **INDUSTRY** PERRY HALL, md. pages 1 in any d "pending" in pencil in Chief Medical Examiner's PRINTER 13 FATHER'S NAME This certificate should be executed within ANNA WALTER pub 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address Box 117A permit (Yes, no, or unknown) (I fives a ve wor or dates of service) Stansbury MONKTON or remaya, 212-10 3790 MRS. BERTHA 24 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ) INTERVAL BETWEEN burial-transit INFARCTION PART I DEATH WAS CAUSED BY ONSET AND, DEATH MMEDIATE CAUSE (a) used as a burial-tras burial, cremation, o e, writing the word farwarded to the Ch DUE TO Conditions, if ony, which gove rise to immediate couse (a), **DUE TO** stating the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERT FICATION please execute the certificate. NO 🕞 agent, prior ta g P 200 EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port I of item 18.) 3 shauld DICAL EXAMINER: CAUSE OF DEATH 푱 20c TIME OF INJURY Month Doy, Year 20d IN. JRY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) Hour om foctory, street, office bidg , etc ) may be retained far your FUNERAL DIRECTOR: Page Not While of work of work designated 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection [44] Inquiry I ond in my opinion the funeral director. Suicide Undetermined manner deoth resulted from Natural causes 12 Hamicide CHIEF MED CAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 5 may be r TO FUNERAL Health or 11 Address (Street, city, town, or were NAME (Type NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. 23b DATE THEREO 23d. LOCATION (City or Town) BREMOVAL (Specify) Luthern Cem. WEET 250 REC D BY REGISTRAR REGISTRAR'S S GNATURE 24 FUNERAL DIRECTOR VR ATSME HE DAUUN YORK Rd 1966 JOW DOW INC. 1050 6M 1/66 BROOKS



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08676 CERTIFICATE OF DEATH executed within 24 haurs after death. campletely filled in by the funeral tave carban papers. Pages 1 and y event, within 72 haurs after deag 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH h COUNTY a. COUNTY n STATE MARYLAND Baltimore Merryland b CITY OR TOWN (if outside corporate limits. C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give negrest town) 2 Days Baltimore Fort Howard d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? 2033 N. Washington Street NO 17 Veterans Administration Hospital NAME OF 4 DATE Middle Last Month Doy Year DECEASED
(Type or print) 19 66 TRA (IMM) T HOMPSON MAY 6TH DEATH S SEX 6 COLOR OR RACE NEVER MARRIED TY B. DAJE OF BIRTH AGE (In years IF UNDER 1 YEAR 1 IF UNDER 24 HRS 7 MARRIED last birthday) Days Hours 1/19/06 Colored WIDOWED DIVORCED Male 10a USUAL OCCUPATION (Give kind of work done 12 CIT ZEN OF WHAT TOB KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) The law requires that the death certificate be during most of working life, even if retired) **COUNTRY?** INDUSTRY Cannons Cross, Delaware
14. MOTHER'S MAIDEN NAME Truck Driver II.S.A removal Joseph Thompson Mora Dix 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 221-07-26-82 Clin.Records, VAH.Fort Howard, Maryland Vec INTERVAL BETWEEN ONSET AND DEATH MT NUT H-S CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).)
PART I. DEATH WAS CAUSED BY burnal-transit CIRCULATORY COLLAPSE IMMEDIATE CAUSE (a)\_ signed by DUE TO Conditions, if any, which gave 3 YEAR ARTERTOSCLEROTIC HEART DISEASE rise to immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been the DAYS TIREMT 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use YES NO XX BOTH SIDES HEMIPLEGIA, OLD. far 20a ACCIDENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form). (County) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While at work 2]. I certify that (i) (this haspital) attended the deceased from May , 19.66 , ta May 6 , 19 66that XIM (we) last TO HOSPITAL OR ATTENE Page 4 may be retained saw the deceased glive an Mary 6 19 66, and that death accurred at 3.30 My from causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE MED DIRECTOR ATTENDING M.D PHYS 22d. ADDRESS PHYSICIAN'S ADATEFE. NAME (Type) M.D. VA HOSPITAL. FORT HOWARD, MARYLAND 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23g BJRIAL, CREMATION REMOVAL (Specify)
Burlal Baltimore National Cemetery Baltimore. Maryland 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1302 N. Central 25g, REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 LOCKS FUNERAL HOME Baltimore Mammand

MARYLAND STATE DEPARTMENT OF HEALTH

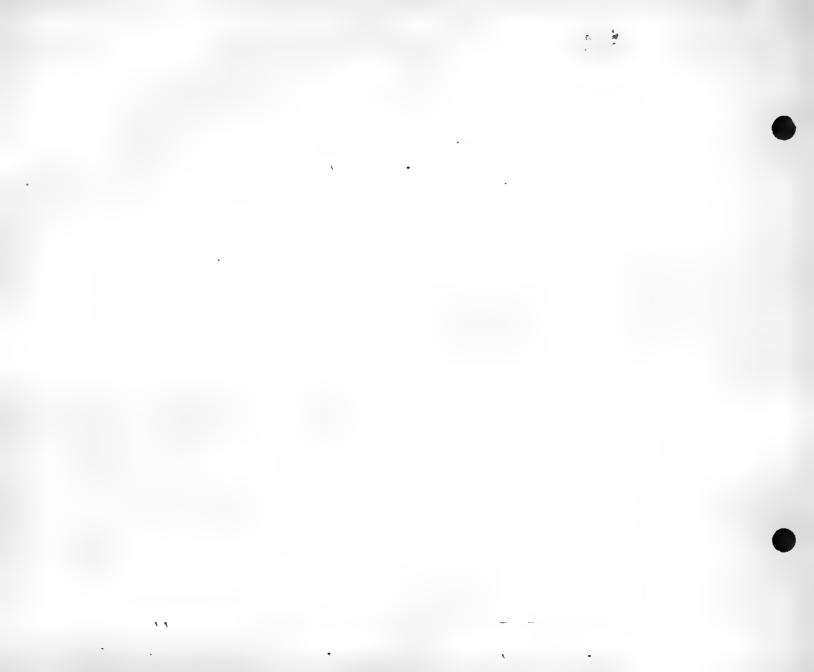


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08677 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ond 3 to M3. Page ote Department of nours after death. Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Baltimore-rural Baltimore-rural d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) B IS RESIDENCE ON A FARM? d. STREET ADDRESS form Item 18. Give Poges 1, Stote 305 Sollers Point Rd. 305 Sollers Point Rd. YES 🔲 3 NAME OF DECEASED First 4 DATE Lost Month Dov Year (Type or print) Angela Johnson Thornhill DEATH 19 66 S SEX F UNDER 1 YEAR 6 COLOR OR RACE 9 AGE (In years F UNDER 24 HRS 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH last birthdoy) Months Dovs Hours hours WIDOWED DIVORCED event female colored The USUAL OCCUPATION (Give kind of work done RIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, eyen if retired) INDUSTR COUNTRY? 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate should be executed within penci c JOHNSON Eile and WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT tecute the certiticate, writing the word "pending" i Poge 4 should be forworded to the Chief Medicol (Yes, no, or unknown) (If yes give wor or dates of service) or removol. 120 Center ST IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY Second and Third degree burns of the majority IMMEDIATE CAUSE (o) the certificate, writing the word s a burral-tra cremotion, ( XMXXX of the body surface, associated with smoke and Conditions, if ony, which gove soot inhalation. rise to immediate couse (o). DUE TO stoting the underlying couse buriol, ( PART J. OTHER SIGNIFICANT COND. J. ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES T NO K 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port or Port 1 of tem 18.) 3 should l PRIMARY DE CONTRIBUTING MEDICAL EXAMINER: conflagration CAUSE OF DEATH. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) 20c TIME OF INJURY Month, Doy, Year (County) 5:30 xxxx 5 Not While foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Poge 19 66 Dundalk Balto. Md. of work of work designoted 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection 🛣, Inquiry . and in my apinian death resulted fram: Accident 3 Undetermined manner Natural causes Suicide . Homicide CHIEF MEDICAL EXAM NER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FO DEPUTY 5/3/66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health ( Address (Street, city, town, or county) NAME (Type) Werner U. Spitz.  $_{\rm M_{\bullet}D}$ 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (Stote) BURIAL, CREMATION (County) 40 REMOVAL (Specify) 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE VR A15ME (5) MORTON + - Aurenis

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06673 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE Page of, death. MARYLAND Department b. CITY OR TOWN (If outside corporate l'mits, r & FNGTH OF STAY IN 1b c CITY OR TOWA (if outside corporate limits, write RURAL and give nearest town) puo a zusta d NAME OF HOSPITALOR INSTITUTION (If not in haspital, give street oddress) d STREET ADDRESS hours ON A FARM de neral. NO DX HMddleTHORPE. Office olong with NAME OF EARL 4. DATE Dov Year DECEASED OF Ф ERBERT ÷ DEATH with 1 DATE OF BIRTH AGE (In 1 YEAR 3F UNDER 24 HRS 7 MARRIED NEVER MARRIED Months Davs Mours WIDOWED D<sub>2</sub>VORCED ond2 event 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 2 CITZEN OF WHAT during most of working life, eyen if retired) **NDUSTRY** pages | In any Salesma pencil 13 FATHER'S NAME MOTHER'S MAIDEN NAMI be executed within pub WILLIAM THORPE INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? or removol. (Yes, no, or unknown). (If yes give wor or dates of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) should word burial, cremation, DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO certificote stoting the underlying couse last 19 WAS AUTOPSY PERFORMED? PART IL OTHER SIGNERICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION G VEN IN PART 1(o) NO C 2122 designated agent, prior to 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of mury in Port or Port I of Item 1B) pluods PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF MucRY Month, Doy, Year Not While foctory, street, office bidg., etc.) moy be retained for your FUNERAL DIRECTOR: Page Inquiry X. 21. I certify that I taok charge of the remains described above, held an Autopsy Inspection [17], and in my apmion death resulted fram: Natural causes 📆 . Accident 🗔 . Suicide Hamicide | Undetermined monner the funeral director CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER Heolth or 5-21-66 **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, (County) 50 5-25-66 LOUDON PARK CEMETERY MARYLAND BALTO. ADDRESS 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25n REC D BY REGISTRAR VR A15ME (5) Charle WILKENS AVE. HOMARD H. HUBBARD, 4107 6M 1/66 BATITO.



## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **EXAMINER'S** HEALTH DEPT. PLACE OF DEATH (Where deceased lived, If Institution: Residence a. STATE b. COUNTY b. CITY OR TOWN (if outside corporate limits, write BURAL and give nearest town) C. LENGTH OF STAY IN 1b TOWN (If outside corporate limits, write RURAL and give nearest town) O. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) death. If any delay Pages 1, 2, and 3 to the form PM3. Page State hours a 621 N. Pittsburg Ave. NAME DE DECEASED DATE First Middle OF (Type or print) DEATH DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 7. MARRIED **NEVER MARRIED** last birthday) Colored Male Oct. 27, 1909 WIDOWED X DIVDRCED [ ges I and 2 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) EXAMINER: This certificate should be executed within 24 hours after difference, writing the word "pending" in pencil in Item 18 criticate, writing the Word "pending" in pencil in Item 18 criticate, should be forwarded to the Chief Medical Examiner's Office along-with INDUSTRY Steel Oxford, N. C. Laborer pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie Bulloch Cass Thornton File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes give war or dates of service) 17. INFORMANT Address 16. SDCIAL SECURITY ND. permit, f New Pittsburg Ave. No Lenora T. Mabrev CAUSE OF DEATH [Enter only one cause per line for (a) r/b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) used as a burial-transit to burial, cremation, or DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), steting the underlying cause last, CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 3 should be agent, prior 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour e.m. Not While at work \_ at Work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry O FUNERAL DIRECTOR: of Health or its design Natural causes X. Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER executation. Page 4: YOUr ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATUR DEPUTY MEDICAL EXAMINER X please ex director. retained NAME (Type) Address (Street, city, town, or county 23d. LDCATIDN (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) 5-7-66 Arbutus Memorial

VR ALSME (5)

1/65

24. FUNERAL DIRECTOR Charles R. Law 802 Madison Ave., Balto., Md. Baltimore, Maryland

REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE

ON A FARM?

Yeer

19

INTERVAL BETWEEN

DNSET AND DEATH

WAS AUTOPSY

PERFORMED? NO

and in my pointon

DATE SIGNED

(State)

(State)

Months

Days

12, CITIZEN OF WHAT

19.

(County)

COUNTRY?

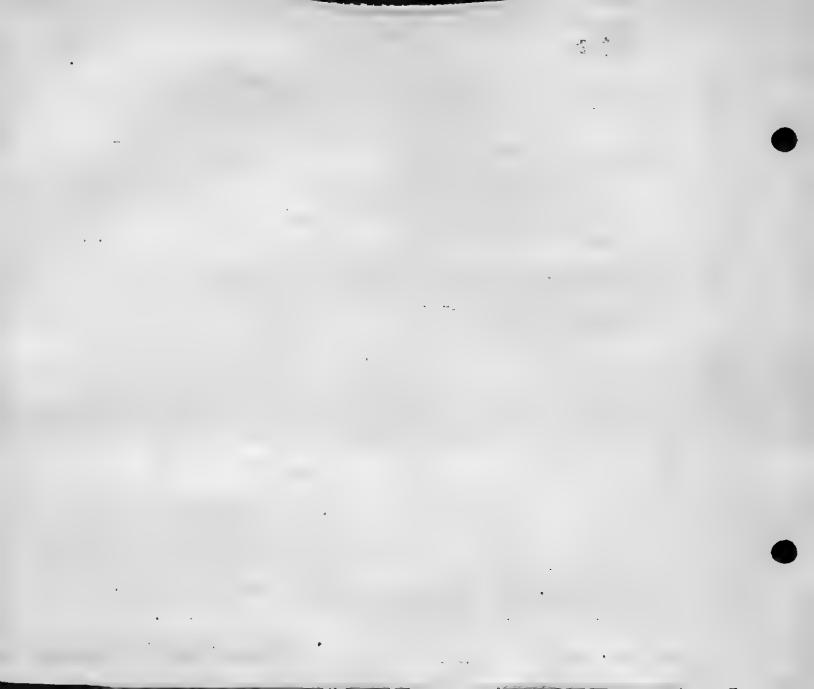
ND X



3	Division of STATISTICAL RESEARCH AND RECORDS, 301	
FOR STATE	CS680 MEDICAL EXAMINER'S (	CERTIFICATE OF DEATH 06673
HEALTH DEPT	1 PLACE OF DEATH Baltinore MARYLAND	2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) of STATE Mary Canl Ba-Pland
t cry deloy 1, 2, ond 3 m PM3 Pos Deportment rs after deat	b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)  c EENGTH OF STAY IN 1b	CITY OR TOWN (If auts de carparate irm is, write RURA, and give nearest town)
2 1 8 5 a 3 4 4	d NAME OF MOSPITAL OR INSTITUTION (If not in haspital, give street oddcess)  St To sep & Hospital	306 E Gittings Ave of Sesidence ON A FARM?
24 hours ofter deoth. It in Item 18. Give Poges is Office along with far for it on 2 with the State. It is often within 72 hour	3 NAME OF DECEASED (Type or print) FREDERICK Middle -	THUNE DEATH 5 27 1966
rs offer dec i8. Give P is olong wi 2 with the ht within 72	Male White WIDOWED   DIVORCED	DATE OF BIRTH  9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  6 L2-1901  6 yrs Months Days Hours Min
24 hou in Item r's Office	IDD USLAL OCCLPATION (G ve kind of work done during most of working life, even if retired)   IDD KIND OF BUSINESS OR   INDUSTRY   Selfemploye	d Bel Air, Maryland 12 CITIZEN OF WHAT COUNTRY? U.S.A.
vithin pencil comine le poge id in c	13. FATHER'S NAME Ernest Thune	14 MOTHER'S MAIDEN NAME  Cora Unknown
ruted wit ng" in pe dicol Exar rmit. File vvol, and	(Man and an and an an Artificial Control of the Artificial Control of	FORMANT Address 21212 s Hazel I. Thune 306 I. Gittings Avenue
JNER: This certificate should be executed within 24 hours ofter death in certificate, writing the ward "pending" in pencl in Item 18. Give Page should be forwarded to the Chief Medical Examiner's Office along with files.  3 should be used as a burial-transit permit. File pages, for 2 with the State prior to burial, cremation, or removal, and in any sent within 72 him.	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse	rotiz canto Vascular INTERVAL BETWEEN ONSET AND DEATH
e, writing forwarded used as	PART I OTHER SIGNIFICANT CONDITIONS CONTRICTING TO DEATH RET NOT DELATED TO THE	TE TERMINAL D SEASE CONDITION G VEN IN PART I(a)  19 WAS AUTOPSY PERFORMED? YES NO
IINER: This he certificate should be falles. 3 should be a should be falles.	F PRIMARY □ or CONTRIBUTING □	inter noture of injury in Port I or Port II of item 18)
EXAMINER: ute the cert oge 4 shoul your files. Poge 3 shoul	2Dx TIME OF INJURY Month, Day Year 20d INJURY OCCURRED 2De. PLACE Wh.le Nat Wh. e factor p.m. 9 at work at work	OF INJURY (Home, form, ry, street, office bldg , etc.)  20f (City ar town) (Caunty) (State)
executor. Poged for y	21. I certify that I taak charge of the remains described above, held death resulted from. Natural causes X, Accident , Suicident	le , Homicide , Undetermined monner
DEPUTY MECKAL EXAMINER: This necessary, please execute the certificate the funeral director. Page 4 should be finary be retained for your files.  Funey be retained for your files.  FUNERAL DIRECTOR: Page 3 should be Health or its designated agent, prior to	ACTUAL SIGNATURE LOS	CHIEF MEDICAL EXAMINER ASS STANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 5.23.66
TO DEPUTY necessary, the funero 5 may be TO FUNERAL Heolth or	NAME (Type)  230 BLRIAL, (REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CR REMOVAL (Specify) 5-30-1966 Parkwood eme	Address (Street, city, town, or county)  REMATORY 23d LOCATION (City or Town) (County) (State)  Stery Baltimore, Co. Md.
VR A15ME (5)		250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE PLAN DJUN 1 1966 Holler Judge

SECURITY OF PERSONS

6		CS681	CERTIFICAT	E OF DEATH	mh 0	674
		PLACE OF DEATH		<ol><li>USUAL RESIDENCE (When</li></ol>	e decresed lived, If institutions Re	isidence before edm st
ı		Baltimore	MARYLAND	Maryland	b. COUNTY	/
ı		b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		corporate limits, write RURAL end	give nearest town
		write RURAL and give nearest town)			interest times, while home one	gere neerest town,
		Baltimore		Baltimore	_	
ı		d. NAME OF HOSPITAL OR INSTITUTION (if no	t in hospital, give street eddress)	d. STREET ADDRESS		e. IS RESIDEN
ı		Stella Maris Hosp	pice	1335 East	Clement St30	YES NO
	3.	NAME OF First	Middle	last 4. DAT		Day Year
ĺ		(Type or print)	m.	OF DEA	TH Mass	76 19 66
	5.	SEX 6, COLOR OR RACE		Mlin DATE OF BIRTH	May  9 AGE (In years   IF UNDER 1 )	200
				DATE OF BIRTH		Pays Hours Mir
			IDOWED DIVORCED	6- 12 - 1881	↓ 8] <sub>1</sub> yrs.	
ı	10e do	. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (County & Stete	or toreign country) 12. CITIZ	ZEN OF WHAT COUN
1		Companion		Baltimore, M	d. U.	S.
ı	13.	FATHER'S NAME	11	4. MOTHER'S MAIDEN NAME		
ı				Maria 10 . 00		
	15	Anthony Timlin WAS DECEASED EVER IN U.S. ARMED FORCES	2 114 500141 55018177 110 1 17 727	Mary Duffy	Address	
	(Ya	s, no, or unkown) (Ifyasgivewerordelesofservio	(e)	PORMANT	Address	
		x	212-32-1:188	Admission Re	ecord	
		18. CAUSE OF DEATH [Enter only one cou	se per line for (a), (b), and (c).)			INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY; IMMEDIATE CAUSE (a)	(orner			ONSE! AND DEATH
Į		1/0				-
ı		T +O I DUE TO	ASCID.			
ı		Conditions, if any, which (b)				-
		(a), stating the underlying DUE TO		-		
ı		ceuse last.	Schull	P		
	z	PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	1(a) 19. WAS AUTO
ı	CERTIFICATION		/			PERFORMED YES NO
l	FIC	200 ACCIDENT WAS UNDERLYING   20	Ob. DESCRIBE HOW INJURY OCCURRED.	(Enter entere of course on Post Con I	Don't Harf Hom 19 )	110
	ERT	OR CONTRIBUTING CAUSE OF DEATH	OS. DESCRIBE HOW INVOKT OCCURRED.	femer, usings of it/lath to ball   Ot	en is on team to d	
ı	MEDICAL	20c. TIME OF INJURY Month, Day, Yeer Hour a.m.		OF INJURY (Home, ferm, 201. ( y, street, office bldg., etc.)	(City or lown) (Coun	ity) (State
	MED	p.m. 19	et work et work			
		21. I certify that (I) (this hospital)	attended the deceased from Oi	ct. 17 1955	to May 76 196	6 that (1) (wa)
		2). I certify mai (i) (mis mosphar)	2/66 19, and that de	l. com	Il a series and an the	data stated abo
		saw the deceased alive on. 5/16	2/.00	eath occurred aU.J.DM, Tr	om the causes and on the	date stated abo
		22e. SIGNATURE	6	ATTENDING MED.	STAFF	22b. DA SIG
ı		Lobut I Mi	timelly M.D.		X PHYS.	
l		22c, PHYSICIAN'S NAME (Type)		22d. ADDRESS		
		Dr. Rober	rt. Mahon	201 E	ash Joppa Rd.	
	230	BURIAL, CREMATION, 23b. DATE THEREO			OCATION (City, lown or county)	) [Stele)
ŀ				Cemeteru Ba	Lto., Md.	(2,0,0)
		Burial	Carried Carried	Carecardy Little	J. J. M.	
		27/41/2/22/1				
		FUNERAL DIRECTOR'S SIGNATURE	ADDRESS PA	250, REC'D BY REC	00/ 0	IGNATURE
		FUNERAL DIRECTOR'S SIGNATURE	me, 3000 E. Ba	LE V 250, REC'D BY RE	GISTRAR 256. REGISTRAR'S SI 1966 Achieves	Judge .



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH completely filled in by the funeral 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY ANNE ARUNDEL BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) 23 DAYS RIVA d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? VETERANS AMINISTRATION HOSPITAL SYLVAN SHORES NO X 3. NAME OF Middle Frst Lost 4. DATE Month Doy Year DECEASED OF **TEFFERSON** M. TINCIE MAY 6 166 (Type or pnnt) DEATH S SEX 6 COLOR OR RACE B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** birthdoy) WHITE 2, 1895 JAN. MALE WIDOWED DIVORCED 10p USUAL OCCLPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) physician green gr COUNTRY? during most of working life, even if retired) INDUSTRY ACCOUNTANT COVERNMENT ALABAMA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JEHRS M. TINGLE CECELIA RUTLEDGE 15. WAS DECEASED EVER IN U.S. ARMED FORCE S? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give war ar dates of service) 28 18 CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY: CEREBRAL THROMBOSIS DAYS AND DEATH IMMEDIATE CAUSE (6) **DUE TO** CEREBROVASCULAR ARTERIOSCLEROSIS MONTHS Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been as the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)

HYPERTENSIVE AND ARTERIOSCIEROTIC HEART DISEASE 19. WAS AUTOPSY PERFORMED? for use CYSTITIS CHRONIC, CAUSATIVE ORGANISM UNKNOWN

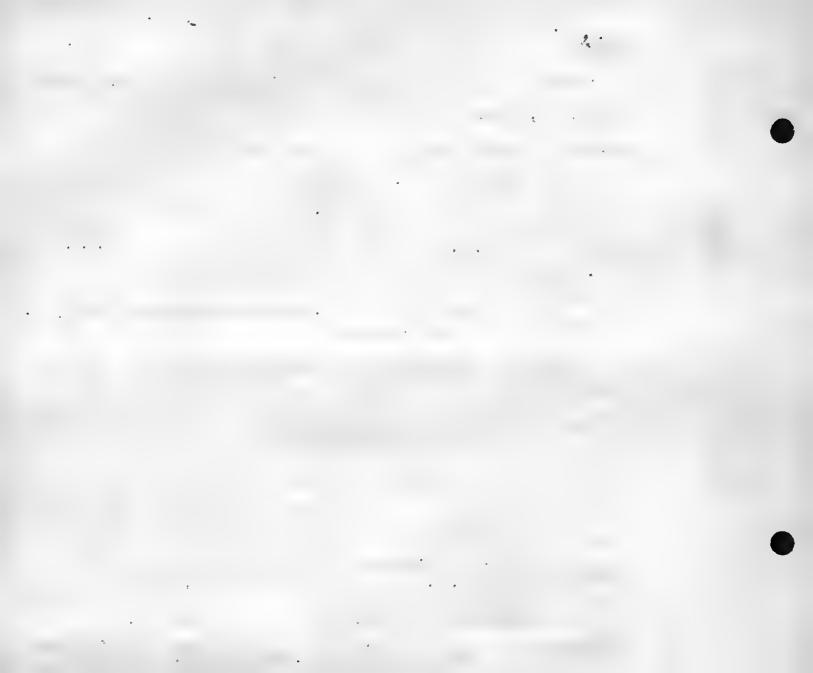
200. ACCIDENT WAS UNDERLYING 
OR CONTRIBUTING 
CAUSA TIVE ORGANISM UNKNOWN

200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of in NO YES be retained by the haspital ar 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) Hour o.m. foctory, street, office bldg., etc.) Not While ot work 4/13/66 to\_5/6/66 21. I certify that (4) (this hospital) attended the deceased from saw the deceased glive an 5/6/66 19 and the . 19\_\_\_\_, tho (we) last and that death accurred at 9:154M, from causes and on the date stated above saw the deceased alive an. 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. ATTENDING 5/6/66 DIRECTOR PHYS 22d. ADDRESS director, po shauld be f

22c. PHYSICIAN'S GEORGE DUBAS, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) 236 GATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 230 BURIAL, CREMATION, BURTAL Specify) ARLINGTON NATIONAL ARLINGTON, VA. 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR DUKE OF CLOUCESTER ST

VR A15 (4) 20 M 1/66

requires that the death certificate be executed within 24 hours after death



1. 1/.4	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ARYLAND
नं क्रिके	CS683 CERTIFICATE OF DEATH	6676
death.	1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, if institution: Research in the county of t	sidence before admission)
the the titler	Raltimore MARYLAND MARYLAND	ince grow
by by lares	The write Kuran and give nearest town)	and give nearest town
hou hou ris.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS #6 DOX VEL ROSPITAL	e. IS RESIDENCE
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	3. NAME DF DECEASED (Type or print) OWEN First Middle TIPPETT DEATH 5	Day Year 5 19 66
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	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country)  12. CIT COUNTRY	IZEN OF WHAT
requires that the death certificate be doing physician. been signed by the attending physiciat the burial-transit permit. Then please or to burial, cremation, or removal, and	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	VJA
ing 1 Ther	JOSEPH TIPPETT SARAH SMITH	
h ce tend iit. or re	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, np, or unknown) (If yes give war or dates of service)	
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ing ing seen to t	gave rise to immediate cause (a), stating the DUE TO	2 - 8 - 2
law r ttend has b as t prior	underlying cause last. ) (c) "CACA CACA CACA	20 glars
The land or at state has a salth	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  FOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  202. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  204. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)	19. WAS AUTOPSY PERFORMED?
	202. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)	YES NO 7
PHYSICIAN: the hospita this certif dellached fo		
PHYSICIA the hospi this cert dellached	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)    Hour a.m.	ty) (State)
be later	Hour a.m. While Not While p.m. 19 at work at work	
		that (I) (we) last
ATT retz 3 sh with	saw the deceased alive on 1966, and that death occurred at 4, from the causes and on the	e date stated above.
AL OR Hay be IL DIRE 3	M.D. ATTENDING MED. STAFF STAFF STAFF	. 16, 66.
PITAL 4 may ERAL D Out, Mag	Wm. Newcomer, M.D., Superintendent   22d. Address   Mount Wilson State Hosp	• 4
O HOSPITAL OR ATTEN Page 4 may be retains O FUNERAL DIRECTOR: director, rage 3 should be be a should be be with the	Wm. Newcomer, M. D., Superintendent   Mount Wilson State Hospi	
55 5 10 10 10 10 10 10 10 10 10 10 10 10 10	REMOVAL (Soecify)	**
0	Burial 5/19/66 Mt. Oak Cemetery Mitchellville 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
VR A15 (4)	Ritchie Bros. Upper Marlboro, Md. DAMAY 18 1966 yCharles	Judge
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08684 CERTIFICATE OF DEATH death The law requires that the death certificate be executed within 24 hours after death and completely filled in by the funeral remove carbon papers. Pages 1 and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) Baltimord b. COUNTY 2 14; o. COUNTY vithin 72 hours offer MARYLAND b CITY OR TOWN (If autside corporate imits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princil- 012da d NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? NO NAME OF Firs? 4. DATE Manth Last Year DECEASED (Type or print) OF 19 DEATH 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED -lest birthday) Manths IDo USJAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY\_ COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME O FUNERAL DIRECTOR: After this certificate has been signed by the ottending phy director, page 3 should be detached for use as the burial-fransit permit. Then should be filed with the State Dept of Health prior to burial, cremation, or remove Herman Tribull Lizabeth WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, negor unknown) (If yes give war ar dates of service Tri'ull 7920 18. CAUSE OF DEATH (Enter only one couse per line for (b) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospitol or ottending physicion. DUE TO Conditions, if any, which gave rise to immediate cause (o), DUE TO stating the underlying couse last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION NO YES 2Dg ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, 2Df. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg , etc.) Not While at wark at wark 21. I certify that (I) (this-hospital) attended the deceased fram. 71, 1966, that (I) (we) last . 19 1966, and that death occurred at 2.30AM, from couses and on the date stated above saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS 22d ADDRESS PHYSICIAN'S (NAME (Type) LOCATION (City or Town) BURIAL CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. states, and campletely filled in by the funeral blease remave carban papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate imits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) 64 DAYS REATTMORE d STREET ADDRESS e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 1620 West North Avenue VETERANS ADMINISTRATION HOSPITAL YES NO IX 3. NAME OF Middle 4 DATE First Lost Month Year DECEASED HOWARD TUTMAN, SR 66 LLOYD MAY 19 (Type or print) DEATH S SEX DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE **NEVER MARRIED** 9 AGE (In years 7 MARRIED Jast birthdoy) Dovs 9-27-1899 MALE WIDOWED IX DIVORCED NEGRO 12. C YIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) COUNTRY? INDEISTRY steldy BALTIMORE, MARYLAND U.S.A. 14. MOTHER'S MAIDEN NAME permit. Then ble 13. FATHER'S NAME pho en ROBERT TUTMAN IDA JOHNSON 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, ar unknown) (If yes give wor or dotes of service)

YES

WW-1 218 07 8618 VAH FT HOWARD CLIN REC MARYTAND 18. CAUSE OF DEATH (Enter only one couse per time for (o), (b), and (c)) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY BRONCHOPNEUMONIA IMMEDIATE CAUSE (o) DUE TO burial ENCEPHALOMYELITIS. CAUSE UNDETERMINED Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse as the prior to t attending has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X MEDICAL CERTIFICATION detached far use e Dept. af Health TO FUNERAL DIRECTOR: After this certificate PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING □ be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) Hour o.m. factory, street, office bldg., etc.) Not While of work at work 19 66, to May 8 21. I certify that (1) (this haspital) attended the deceased from Mar. 5. 1 saw the deceased alive on May 8. 19.66, and that death occurred at , 19\_66 that {IK(we) last saw the deceased alive on May 8. a.M. from causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS STAFF ŝ M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S JOHN D. TALBERT, M. D. VAH, FT. HOWARD, MARYLAND NAME (Type) directar, shauld b 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 5-12-61 BALTIMORE, MARYLAND BALTIMORE NATIONAL 2So. RECD BY REGISTRAR George Kelson 25b REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR 1986 20 M 1/66 1348 Calhoun St. Baltimore Ma



4 2/ 1	1 tem 20 Film G376 5/16/66 AND STATE DEPARTMENT OF HEALTH
<b>■</b> 7/	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	CCCOC MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06679
HEALTH DEPT	1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY a. STATE
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tuneral may be artment	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Towson  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)  Towson
pessary functal e 5 may be Department after death.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   d. STREET ADDRESS   e. IS RESIDENCE
40 b0 00 c0 20 27	St. Joseph Hospital 639 Sussex Road YES No MA FARM?
detay 3. Page 3. Page 5. State 5. hours	3. NAME OF First Middle Last   4 DATE Month Day Year
M3. M3.	DECEASED (Type or print) JANIE LEE URCH  OF DEATH May 4, 19 66
II. 2	5 SEX . IS COUNT IN PACE IN ALTONOMY OF 1 9 DATE OF DIDTH 19 ACE // News INCIDENT VERBURINATED SAUDE
ages.	White WIDOWED DIVORCED Dec. 9, 1942 23 yrs.
	10a. USUAL OCCUPATION (Give kind of work done, 10b. KIND OF BUSINESS DR   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
Ern La Fil	School Teacher   INDUSTRY   New Orlean , Louisiana   COUNTRY? U.S.A.
s afte 18. Gi stong ges 1 any	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
24 hours aff 1 Item 18. Office along File pages and in any	Robert G. Urck Irene E. Hennegan
24 P	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT (Yes, no, or unknown)   (If yes give war or dates of service)   16. SOCIAL SECURITY NO.   17. INFORMANT 639 SUSSEX Road
r's r's	no 220-40-9213 Mr. Robert G. Urch, Towson 4, Maryland
uted within in pencil ir Examiner's saminer's nsit permit, or removal.	18. CAUSE OF DEATH (Enter only one cause per like for (a), (b), and (c).]  PART A DEATH WAS CAUSED BY.  ONSET AND JEATH
일 등 성 등	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (B)  CHICAGO THE CAUSE
tion,	8/65 DUE TO
e e e e e e e e e e e e e e e e e e e	Conditions, if any, which gave rise to immediate (b)
or o	couse (a), stating the COUETO
	underlying cause lest. ) (c) (c)
ficate short the word the Chi used as to burial,	PERFORMED
certificate the liting the led to the de used to prior to but prior to but	YES NO Z  20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Pert 11 of Item 18.)
certify ded to ded to brior	20a. EXTERNAL CAUSE WAS PRIMARY (1) or CONTRIBUTING Driving auto that struck a bus head on
R: This cer ate, writin forwarded 3 should t agent, pric	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (State)
CXAMINER: This certificate, Williams of forwards. See See See See See See See See See Se	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  1 5 15 xxxx. 5/4 19 66 at work  twork  Street  Balto.
EXAMINE The certificates the should be ar files.	21. I certify that took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
CCAL Courted Services of Servi	death resulted from Natural causes Accident . Suicide . Homicide . Undetermined manner
des F Specification of the spe	CHIEF MEDICAL EXAMINER
its your sti	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER [ 22 DATE SIGNED
	EXAMINER'S Charles F. O Donnell DEPUTY MEDICAL EXAMINER
O DEPUTY Please exe director. Pretained fo Prince of Health of Health	NAME (Type) Address (Street, city, town, or county) /7/66
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
500550	Bürial May 7, 1966   Dulaney Valley Memorial   Cockeysville, Maryland
VR ALSME (5)	Wm Cook-Brooks Touson 1050 Vork Bood
514	Towson 4. Mary and DAWAY 6 1966 Charles Ludet



		MARYLAND STATE DEPARTMENT OF HEALTH	
1		Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
And the second	= 100	CSSST CERTIFICATE OF DEATH 6663	0
	te at a second	PLACE OF DEATH  O. CQUINTY  O. STATE  D. COUNTY  D. COU	on)/
	fun fun	Baltimore County MARYLAND Maryland Delym	ore
	hours affer n by the fu s. Pages hours ofte	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)  Ownte RURAL and give nearest town)	
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	ithin y fill on p withii	3 NAME OF First Middle Last 4. DATE Month Day Ye	or
	d w letel corb	Type or print) Johanna Collweller DEATH 33 19	
	comp comp ove r	S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years   If JNDER 1 YEAR 16 JNDER 1 YEAR 1 YEA	Min.
	and Ind	TOO USUAL OCCUPATION (Guest and of work done 10h KIND OF RUSINESS OR 14 RIPTHATE (County & State or foreign country) 12. CITIZEN OF WHAT	
	te b	during most of working life, even if retired) Thousand Germany Gountry?	4
	ifico nysic a	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	cert ig pt Ther mov	MAY Opper Heimer Benther Schloss  IS WAS DEFENDED FOR THE TOTAL SECURITY NO. 17 INFORMANT Address	
	e death certificate be ex ottending physician and permit. Then please em on, or removal and fron	15 WAS DECEMBEVER IN U.S. ARMED FORCES?  16 SOCIAL SECURITY NO. 17 INFORMANT  Address  (Yes, na, or unknown) (If yes give war ar dates of service) 220-48-1242 Miss. 5. Lewis 70-14 Surey Drive.	3
	he d otte perrion,		
	equires that the physicion. signed by the burial-tronsit burial, crematic.	18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c) } PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  LETEURO - Vanuary Grand Gentlement (c)	DEATH
	# 25 + 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	DUE TO	
	quira phys signe burio curio	Canditians, if any, which gave (b) (b) DUE TO	
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	<b>ATTENDING PHYSICIAN:</b> The law restained by the haspital or ottending <b>CTOR:</b> After this certificate hos been should be detached for use os the rith the State Dept. of Health prior to	PERFORM YES   20a ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)  20c TIME OF INJURY Month, Day, Year Hour o m.  20d. INJURY OCCURRED While Not While factory, street, office bldg, etc.)  (County)	
	HYSI hosp s cer ache ept. (	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, 20f (City or town) (Caunty)	(Stote)
	te D	Haur o m.    While   Not While   factory, street, office bldg , etc.)	
	Affe Affe Sta	21. I certify that (I) (this hospital) attended the deceased from 5/2 / 1966, to 5/25 , 1966, that (I)	(we) las
	dine dine h	sow the deceosed alive on 5/25/ 1966, and that death occurred of 1:00 P M, from causes and on the date state  22a, SIGNATURE  22b. DATE SIGNED	d obove
	OR A be rest DIRECT of 3 sleed with	120. SIGNATURE M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS.	
		22c Physician's R. Weinhergov. M.D. 22d. ADDRESS 40 Fords Lane-21215	
	O HOSPITAL Poge 4 may O FUNERAL director, pag should be file		(State)
	Pog eige	REMOVAL (Specify) 3/27/66 CHESINA AHAVAS CHESED RANCALLS TOWN M	10,
	2	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 2516 REGISTRAR SIGNATURE	nill dist
	VR A15 (4) 20 M 1/66	-Tackhewis Tire, 2100 2 EUTAW VI. MAY 31 1966 Charles July	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, funstitution Residence before admission) o. COUNTY o. STATE Maryland b COUNTY Baltimore Baltimore dŧ, death. MARYLAND b C TY OR TOWN (If outside corporate I mits, c .ENGTH OF STAY IN In c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) and write RURAL and give negrest town) tate Departme haurs after o Reisterstown Reisterstown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? 307 Butler Road 307 Butler Road NO -Give Pages YES 3 NAME OF Middle with the Sto within 72 h Month Doy Year DECEASED 1966. Walker May Howard (Type or print) DEATH 9 AGE ( n years FUNDER 1 YEAR S SEX 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH F UNDER 24 HRS NEVER MARRIED ₹ last pirthdoy) Months White Dovs Hours Male Feb. 11, 1896. WIDOWED DIVORCED and 2 100 US-AL OCCUPATION (Give kind of work done during most of working life even if retired)
Retired Clerk 10b KIND OF BUSINESS OR 11 B RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT USA Maryland In any pages 13 FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME certificate should be executed within Carrie Forsythe James B. Walker and IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address word "pending" i the Chief Medical permit. remayal, (Yes, no, ar unknown) (If yes give wor or dates of service (Same) 12-01-2017 Mrs. K. Estelle Walker es 18. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c).) INTERVAL BETWEE fransit PART I DEATH WAS CAUSED BY PRISET AND DEAT o IMMEDIATE CAUSE (o) writing the word crematian, DUE TO bund Conditions, if ony, which gove rise to immediate cause (o), DUE TO stating the underlying cause used as burial, a PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS ALTOPSY PERFORMED? the certificate, NO YES 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port 1) of item 18.) 3 should PRIMARY CONTRIBUTING CAUSE OF DEATH B 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20a PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street, office bldg., etc.) at.wark 21 I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion may be retained far FUNERAL DIRECTOR: deoth resulted from Natural causes DC Accident Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER & Health Clarence E. McWilliams, M.D. Address (Street, city, town or county) 23b DATE THEREOF 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 0 Parkwood Cemetery 5/6/66. Baltimore, Md. 24 FUNERAL DIRECTOR ADDRESS 256 REGISTRAR'S SIGNATURE 250 REC D BY REGISTRAR VR A15ME (5) Leonard J. Ruck Inc. Balto. Md. 21214 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY Balto. Baltimore MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. City OR TOWN (if putside corporate ilmits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers, res Catonsville Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE filled DN A FARM? Aldershot Rd. Aldershot Rd. within 606 YES NO -The law requires that the death certificate be executed within completely carbon 3. NAME OF First Middle Month Year DECEASED 1966 Walsh May 27 Maurice Leeson DEATH (Type or print) 6. COLDR OR RACE | 7. MARRIED | X NEVER MARRIED AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH last birthday) | Months | Days Hours Nov.13 WIDDWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS DR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Md. Metal Draftsm**an** 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME гелоуа Florence H. Leeson Harry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ed by the attend transit permit. cremation, or n (Yes, no. or unkown) | (If yes give war or dates of service) Edna Walsh 606Aldershot 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c), ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral Arteriosclerosis IMMEDIATE CAUSE (a) been s. be burla. burla. DUE TO Generalized Arteriosclerosis unknown Cenditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the as th prior underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES [ ND 20a, ACCIDENT WAS UNDERLYING F DESCRIBE HOW INJURY DCCURRED, (Enter nature of injury in Part I or Part II of item 18.) - To DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d, INJURY DCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 19 49 to May Aug. 1906\_, that (I) Well last 21. I certify that (I) (this hospital) attended the deceased from 1966 , and that death occurred a  $\Theta P$  . M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING Page 4 may 1 PHYS. M.D. DIRECTOR PHYS. FUNERAL PHYSICIAN B 22d, ADDRESS director, p should be 1 aver BURIAL, CREMATION., 23b. DATE THEREDF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 2 Loudon Fark Cem. Baltimore.Md. Buria FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR #15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH he low requires that the death certificate be executed within 24 haurs after death. 2, USUAL RESIDENCE (Where deceased lived if institution: Residence befare admission) ompletely filled in by the funeral we corbon papers. Pages I and PLACE OF DEATH a. COUNTY Maryland ve corbon papers. Pages I event, within 72 hours after Baltimore MARYLAND c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b CITY OR TOWN (f autside carparate limits, write RURA, and give nearest town) c LENGTH OF STAY IN 16 Baltimore Owings Mills d. STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Rosewood State Hospital 2909 DuPont Ave. YES NO [ 3 NAME OF 4. DATE Louis Lost Month Year DECEASED
(Type or print) Kenneth 1966 Loivs WARREN DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years 6 COLOR OR RACE NEVER MARRIED 7. MARRIED last birthday) Months Dovs Hours WIDOWED DIVORCED 8 - 25 - 55 Negro Male 10a LSUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired) 12 CIT ZEN OF WHAT 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) COUNTRY? INDUSTRY Baltimore, Md. Dependent
13. FATHER'S NAME None Charlotte Mason Walter Warren 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dates of service) 16. SOCIAL SECURITY NO 17. INFORMANT Address signed by the ottendir buriol-tronsit permit. Owings Milla. Md. Rosewood Records NONE NO INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. ONSET AND DEATH -IMMEDIATE CAUSE (a) 1 200 CO 10 5 5 5 10 6 6 10 10 10 10 10 DUE TO Canditians, if onv. which gave ase to immediate cause (a). DUE TO for use as the E f Health prior tab stating the underlying cause Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been DIENTAL REIGHBALLOW PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPS PERFORMED? CAL CERTIFICATION , CONCLOSING DISCROEK # PARTIAL COURT PALATE YES 🗍 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205 DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Part II of item 18.) (City or town) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f. (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Hour o.m. Nat While at wark at wark 21. I certify that (I) (this haspital) attended the deceased fram\_\_\_ 196 m, and that death accurred at 1. 25M, fram causes and on the date stated above saw the deceased alive an\_ 22b. DATE SIGNED 22a. SIGNATURE DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o BURIAL, CREMATION, REMOVAL (Specify) Balto. Nat'l Cem. Balto. 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Mclianles Judge 1966 DATEMAY



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY 3 to after death. BALTIMORE MARYLAND b CIY OR TOWN (If outside corporate mits, write RURAL and give nearest town) c CITY OR TOWN (If autside carparote limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 Essex d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? hours 908 Thompson Boulevard 908 Thompson Bl'vd YES NO T hours ofter death. 3 NAME OF M. ddle Lost 4 DATE Manth Year (Type or print) (ANNA) ANNA WAYLAND 5 1066 DEATH S SEX 6 COLOR OR RACE 7 MARRIED X B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED 62 birthdoy) 2 Female White WIDOWED DIVORCED Oct. 4 .1903 event TO USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most of work ng Life even if refired) Yellow Cab Co. COUNTRY? c ONY Chauffeur pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI  $\subseteq$ ond Stanley Green Frances WALKER 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Balto, 22, Md. 4 North Point Terrace This certificate should be executed or remayol, (Yes, no, ar unknown) (If yes give war ar dates of service) 214-20-5627 Shirley Adey IB. CAUSE OF DEATH (Enter only one cause per the for (a), (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH Shotgun wound of chest with multiple perfor-IMMEDIATE CAUSE (a) \_\_\_ he certificate, writing the word should be forwarded to the Ch s o buriol-tra cremotion, ations of heart, left lung and aorta XIXXIX Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES X NO 20o. EXTERNAL CAUSE WAS PRIMARY 1 or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port I of item 18.) CAUSE OF DEATH Shot by husband during altercation 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Caunty) (Stole) Not While foctory, street, office bldg, etc.) Hort 25.05 166 Baltimore Essex Md. 21. I certify that I took charge of the remains described above, held on Autopsy (X) Inspection . Inquiry , 5 moy be retained for O FUNERAL DIRECTOR: ond in my opinion funeral director. Homicide X deoth resulted from-Notural causes Accident Suicide Undetermined monner CHIEF MEDICAL EXAMINER X ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE O DEPUTY 10 5-2-66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health RUSSELL S. FISHER, M.D. NAME (Type) Address (Street, city, tawn, or county) BUR AL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) 7225 Eastern BlvdBa. Co. Md Oak Lawn Cemtery 24 FUNERAL DIRECTOR 25o. REC D BY REGISTRAR 901 S, CONKLING VR A15ME (5) DMAY 1966



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH after death. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY hours after Maryland Baltimore
c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) the MARYLAND b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b Pag write RURAL and give nearest town) Catonsville, Catonsville .5 Vrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE filled any event, within 72 ON A FARM? 37 Bloomsbury Avenue 37 Bloomsbury Avenue NO X YES etely carbon Day 3. NAME OF Middle Month Last DECEASED 0F comple (Type or print) Henry Kennard Ways DEATH 1966 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE DATE OF BIRTH 9, and con 7. MARRIED X NEVER MARRIED 1901 Sept. 8, Male White DIVORCED [TT] WIDOWED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT physician ease during most of working life, even if retired) INDUSTRY COUNTRY? death certificate be and Machinist & O. Railroad U. S. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal. attending permit. Then Bertram Ways Daisy Umbaugh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Catonsvilleddress trangit permit. (Yes, no, or unknown) (If yes pive war or dates of service) Mrs. Elizabeth E. Ways 37 Bloomsbury Ave. the INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). burial-transit à DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cla. attending physician. been signed Conditions, if env. which gave rise to immediate 유유 DUE TO stating prior underlying cause last. certificate has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WAS AUTOPSY for use Health PERFORMED? YES [ NO Z 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) Dept. of detached MEDICAL 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED State factory, street, office bldg., etc.) Hour a.m. After While Not While at work p.m. 19 at work retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 1966. that (I) (we) last the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 12 P. M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR Page 4 may 1 M.D. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State 23c. REMOVAL (Specify) Mountain View Cemetery Howard Co FUNERAL DIRECTOR REC'D BY REGISTRAR Catonsville. Md. VR A15 (4) 15M 4-64

HAME TO A STATE OF THE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06693 CERTIFICATE OF DEATH death. law requires that the death certificate be executed within 24 havrs after death completely filled in by the funeral mave carban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before dam, ssion) b. COUNTY o. STATE b. COUNTY MARYLAND BALTIMORE MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) BALTIMORE CATONSVILLE d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) within 72 2901 PUGET STREET NO X HOUSE IN THE PINES NURSING HOME 3 NAME OF First Middle Lost DATE Manth Day Year DECEASED MAY 20. 19 66 **JOHANNA** WETDE (Type or print) DEATH 9. AGE (In years FUNDER 1 YEAR | IF UNDER 24 HRS. S SEX 6 COLOR OR RACE B DATE OF BIRTH 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Dovs WHITE DIVORCED 24-88 XXXX FAMAER 12 CITIZEN OF WHAT 10g, USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY U.S.A. MARYLAND HOUSEWIFE

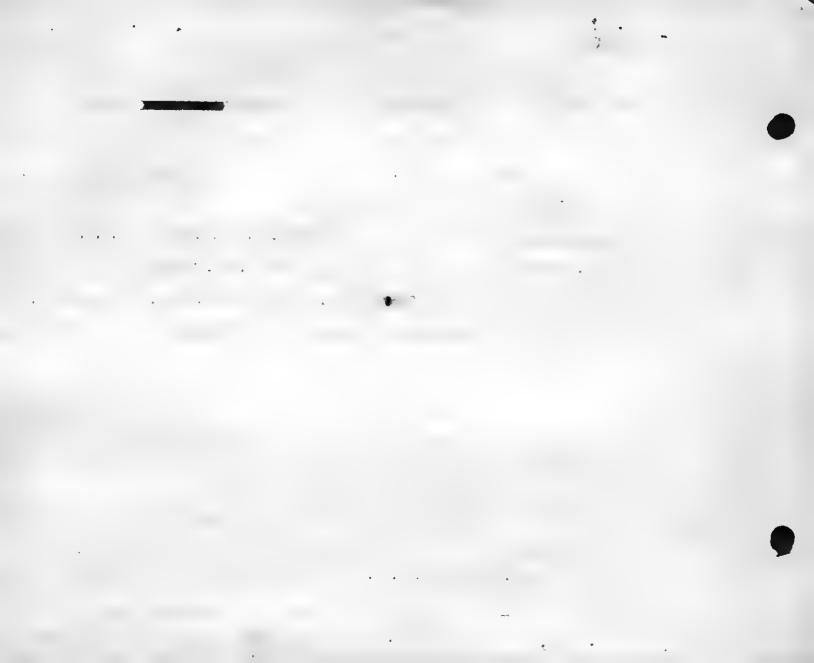
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRNEST DOMSCHKE

15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) (III yes give war ar dates af service) WILAMENA HARTUNG 16. SOCIAL SECURITY NO. 17. INFORMANT Address burial-transit permit. 2901 GEORGE R. WEIDE. NONE INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by physician. DHF TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause by the haspital ar attending this certificate has been far use as the priarta (c) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port 11 of item 18.) 20a ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While O FUNERAL DIRECTOR: After 20 19 66 that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram 4 ta. Page 4 may be retained saw the deceased alive on MAY 20 19:6, and that death occurred at M, fram causes and an the date stated above. 220 SIGNAFORE STAFF director, page 3 should be filed a DIRECTOR M.D. PHYS. 22d. ADDRESS 22c PHYSICIAN S NAME (Type) BARRY N. ROSENBAUM UNIVERSITY HOSPITAL 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (State) BURT ALTY 5-24-66 BALTIMORE, MARYLAND LOUDON PARK CEMETERY **ADDRESS** 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR HOWARD H. HUBBARD, 4107 WILKENS AVE.



MARYLAND STATE DEPARIMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 66694 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) The sicion and campletely filled in by the funeral PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND BALTIMORE BALTIMORE MARYLAND E LENGTH OF STAY IN 16 c. CITY OR TOWN (If guiside corporate limits write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate I mits, FORT HOWARD 26 DAYS DUNDALK PERSONAL P. P. d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) 1981 GUYWAY VETERANS ADMINISTRATION HOSPITAL NO X please remove corbon NAME OF Eirst Middle 4. DATE Day Year DECEASED 19 66 ROBERT W. WELLING MAY DEATH (Type or print) AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS S SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED XX NEVER MARRIED last birthday) Manths Haurs 1/6/26 DIVORCED MALE WHITE WIDOWED 11 BIRTHPLACE (County & State or foreign country) 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10o, USUA, OCCUPATION (Give kind of work done during most of working if e, even if retired)

RADIO DISPATCHER U.S.A. INDUSTRY BALTIMORE, MARYLAND DATRY 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME or remayo NEVIN L. WELLING LILLY M. MN: MALONE 15 WAS DECEASED EVER IN ILS ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) signed by the attend 218 18 796 CLIN. RECORDS. VA HOSPITAL, FT HOWARD, MD. cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c MONTHS BEATH buriol-tronsit PART 1 DEATH WAS CAUSED BY CARCINOMA OF THE LUNG WITH METASTASIS IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or attending physician. **DUE TO** Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause be detached for use as the State Dept. of Health prior ta lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS' PERFORMED? CERTIFICATION NO 20a. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Manth, Day, Yeor Hour a.m. foctory, street, office bldg., etc.) Nat While at work 21 I certify that (1x (this haspital) attended the deceased from 4/8/66 , to 5/4/66 \_\_\_, 19\_\_\_\_, that 🗱) (we) last 19 should /4/66 and that death accurred at 2:20 Mfram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22g SIGNATURE **ATTENDING** 5/4/66 director, poge 3 should be filed v M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S RAUL F. DE CASTRO, M. D. VAH FORT HOWARD. MARYLAND NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify)
BURTAL May 9- 1966 BALTIMORE, MARYLAND BALTIMORE NATIONAL 24 FUNERAL DIRECTOR 2Sq REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATUR Ocharles DUDA FUNERAL HOME VR A15 (4) (7) JOHR J. DUDA. WIGE AVE. BALTIMORE,



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06689 08695 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution, Residence before admission) o. COUNTY o. STATE b. COUNTY Page 0 MARYLAND Marvland Baltimore Baltimore b CITY OR TOWN (f outside corporate mits write RURAL and give nearest tawn) c CITY OR TOWN (If autside corparate I mits, write RURA, and give nearest town) C LENGTH OF STAY IN 16 and P.M.3. Baltimore 12 Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS S RESIDENCE Apt. form hours ON A FARM? 2 Knollridge Court - Apt. 1631 2 Knollridge Court 1631 Give Pages NO LX 3 NAME OF First 4 DATE Manth Doy DECEASED OF Adele Trebus Wennerstrom within (Type or print) Mav DEATH 19 66 with. S SEX 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH AGE ( n years FUNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED lost birthdov) Months Doys Hours W haurs WIDOWED DIVORCED event tem 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 C TIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? pages I in any **Examiner's** Housewife 0wn Home St. Louis, Mo

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME pencil Albert C. Trebus gud Ida Schulze 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address ward "pending" i the Chief Medical permit. (Yes, no, or unknown) I(If yes give wor or dotes of service) remayal. -8236\$ Albert E. Wennerstrom Same No 1B CAUSE OF DEATH (Enter only one cause per Lop for (a), (b) and (c) INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY Б IMMEDIATE CAUSE ( certificate should writing the ward crematian, DUE TO Conditions, flony, which gove use to immediate couse (o), DUE TO stoting the underlying cause 0 lost. nseq PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPSY PERFORMED? YES T NO 200 EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I) or Part (I) of item IB) 3 shauld PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH 20c. TIME OF NouRY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (Stote) Hour o.m. Not While foctory, street, office bldg , etc.) FUNERAL DIRECTOR: Page of work L ot work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection Enquiry and in my apinion death resulted from: A Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR the funeral O DEPUTY DEPUTY MEDICAL EXAMINER Ь **EXAMINER** Charles Donnell Health NAME (Type) Address (Street, city town, or county) BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City of Town) 0 REMOVAL (Specify) Lutheran 1al-Removal5 Metropolitan 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR 25b VR A15ME (5) H.W.Jenkins & Sons Co . 6M 1/66



1 🦠	MARYLAND STATE DE Division of Statistical Research and Record	PARTMENT OF HEALTH S. 301 W. PRESTON STREET, BALTIM	ORE 1. MARYLAND
5 502	OS696 CERTIFICAT		06690
24 hours after death.  filled in by the funeral appers. Pages 1 and 2 no 72 hours after death.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If I	nstitution: Residence before admission)
e le e	A COUNTY  A Hamore E MARYLAND	a. STATE b. COL	YTNL
aft y th ges aft	b. CITY OR TOWN (if outside corporate limits, yrite RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, v	write RURAL and give nearest town)
ours Pa nours	Banda: town Md.	Balto.	. /
led led hers.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE DN A FARM?
	Dalta. Co. DENERAL HOSP.	45 00 Dunland 1	YES NO
The law requires that the death certificate be executed within 24 hours after or attending physician.  The law requires that the attending physician and completely filled in by the fact has been signed by the attending physician and completely filled in by the fact has been signed by the attending physician and completely filled in by the fact has a street at the burial, cremation, or removal, and in any event, within 72 hours after the prior to burial, cremation, or removal, and in any event, within 72 hours after the prior to burial, cremation, or removal, and in any event, within 72 hours after the prior to burial, cremation, or removal, and in any event, within 72 hours after the prior to burial.	3. NAME OF First Middle DECEASED	Last 4. DATE MON OF DEATH  J	
id w mpl car /ent,	(Type or print) ////////////////////////////////////		10 (0 (0
cute d co nove ny ev	7. MARKIED WEVER MARKIED	8. DATE OF BIRTH 9. AGE (In years last birthday)	s IF UNDER 1 YEAR IF UNDER 24 HRS Months   Days   Hours   Min.
en ar	10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF RUSINESS OR	May 16, 1891 74 yrs.	TV)   12. CITIZEN OF WHAT
and and	10a. USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR during most of working life, even if retired)  Secy & Treas. Schafer Bo Retired	Baltimore Maryland	ry) 12. CITIZEN OF WHAT COUNTRY?
al, all	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
rtife Ing I Then mov	Oswald T. West	Wilhelmina Schaf	fer
r ce endi it.		INFORMANT 4501 Dunland ATT	
leath s att	Yes World War # 1 215 09 1889 Mr	41 7 11 7 11	
law requires that the death certificat attending physician. has been signed by the attending physe as the burial-transit permit. Then prior to burial, cremation, or removal.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).	without Dulymary lu	WALL INTERVAL BETWEEN DISET AND DEATH
at ti ian. ian. crei	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	rest I beliterel	
w requires that tending physician as been signed I as the burial-trai orior to burial, cr	DUE TO acute and	mi Helyonadial Qui	les fra
arire g ph s ns bu	Conditions, If any, which gave rise to immediate (b)	in the state of	2007 444
ndin be the	cause (a), stating the DUE TO Bluesling fep	ter alcer	
ician: The law rospital or attend certificate has the for use as int. of Health prior		ATED TO THE TERMINAL DISEASE CONDITION GIVEN I	N PART 1(a) 19. WAS AUTOPSY
4: The la tal or att fificate h for use Health p	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		PERFORMED? YES NO
AN: pital rtifi d fo of H	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Part I or Part II	of Item 18.)
PHYSICIAN the hospit this certi detached bept. of			
ATTENDING PHYSICIAN: retained by the hospital CTOR: After this certifi should be detached fo rith the State Dept. of H	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL   Hour a.m.   While   Not While   fact   at work   at work	ACE OF INJURY (Home, farm, 20f. (City or town) ory, street, officebldg., etc.)	(County) (State)
olve PHY d by the After th d be det State D	p.m. 19 at work at work		
ATTENDII retained CTOR: A: should vith the S	21. I certify that (I) (this hospital) attended the deceased from	4/27, 1966, to 5/6	, 19_66, that (I) (we) last
ECTO 3 showith with	saw the deceased alive on 3/4 19/4, and the	at death occurred at 11. M, from the cause	s and on the date stated above.  22b. DATE SIGNED
AL OR nay be AL DIRE page 3	Sepren 2- de Doyle M.	D. PHYS.   MED. STAFF   PHYS.	5/6/66
PITAL I may rr, pag be fill be	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
OSP Se 4 JNET Sector		Baltimore County G	
TO HOSPITAL OR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)		
O	Burial 5/10/66 Baltimore	National Cam Baltimo:	re Maryland REGISTRAR'S SIGNATURE
VR AI5 (4)	Henry Sander & Sons Inc. Balto.	MD. DATE MAY 10 1966	Mcharles Judge
20M 1/65	Live Dal to	PID.   DATE 0 1000	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06697 CERTIFICATE OF DEATH grecuted within 24 haurs after death death campletely filled in by the funeral ave carban papers. Pages 1 and 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND Marvland Baltimore b CITY OR TOWN (if outside carparate limits write RURAL and give nearest town) c CITY OR TOWN (If gutside corporate limits, write RURAL and a ve nearest town) E LENGTH OF STAY IN 16 Baltimore Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Woodbrook Lane Woodbrook Lane YES 🔲 NO To 3 NAME OF Middle Last 4 DATE Manth please remave carban Dov Year DECEASED (Type or print) Wheeler Robert H. May 1966 DEATH LIF UNDER 24 HRS S SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE ( n years IF JNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) Dovs 9/8/1894 , and in any WIDOWED DIVORCED physicion and 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 13. BIRTHPLACE (County & State, or foreign country) COUNTRY? U.S.A INDUSTRY Balto Co Towson Md. Executive Insurance The law requires that the death certificate 13. FATHER S NAME ar remaya Frank I. Wheeler Annie F. German 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give war ar dates af service) 218-32-4006 Mrs. Ruby L. Wheeler (same Yes INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) burial-transit PART 1. DEATH WAS CAUSED BY QNSET AND DEATH IMMEDIATE CAUSE (a) signed by DHE TO Canditians, if any, which gove rise to immediate cause (a), DUE TO stating the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAM: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been to Funeral directions are the the PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPS PERFORMED? far use Health p YES 📄 NO T þ 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While at work 2]. 1 certify that (1) (this-hospital) attended the deceased fram 6 /16/6 \_\_\_\_ ta\_ 5 - 18 . 19 66 that (I) (we) last . 19 1964, and that death accurred at 6 A M, fram causes and an the date stated above. saw the deceased alive an\_ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN S 302 E. 33rd St. Dr. Franklin E. Leslie NAME (Type) directar, I shauld bi 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial Prospect Hill Towson. Md Balto Co 2Sg. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR UCharles I.W. Jenkins & Sons Co. 5 York Rd. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death campletely filled in by the funeral ave carban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY 6 COUNTY BALTIMORE MARYLAND MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give negrest town) LL DAYS FORT HOWARD BATTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AGORESS e IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL 1236 AUGUSTA AVENUE NO D 3. NAME OF Middle 4. DATE Month Last DECEASED (Type or print) MAY 20. 1966 DONALD VIVIAN WHITE, SR. DEATH IF UNDER 24 HRS S SEX 6 COLOR OR RACE B DATE OF BIRTH 9. AGE IF UNDER 1 YEAR (In years 7. MARRIED NEVER MARRIED birthday) Haurs Oavs MARCH 6, 1914 MALE WIOOWED DIVORCEO WINDS 10o USUA, OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR CREAM 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & State, or fareign country) during mast of working life, even if retired) COUNTRY? INOUSTRY GOOD HUMOR ICE BALTIMORE, MARYLAND 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME 0 NELLIE MAE MATHIAS RICHARD H. WHITE IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO VA HOSPITAL (Yes, no, ar unknown) (If yes give war ar dates of service 215 10 56 29 CLINICAL RECORDS FORT HOWARD MARYLAND INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY. MYOCARDIAL INFARCTION IMMEDIATE CAUSE (o) DUE TO UNKNOWN Conditions, if any, which gave ARTERIO SCIEROTIC HEARTDISEASE rise to immediate cause (a). DUF TO stating the underlying cause 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) PERFORMED? NO TO YES O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (State) Haur a.m. factory, street, affice bldg, etc.) Not While at work at wark 21 | certify that 1) (this hospital) attended the deceased from APRIL 6, 19 66, to MAY 20 2/19 66 that 1) (we) lost saw the deceased glive on MAY 20 19 66, and that death occurred at 1125M, from causes and on the date stated above. saw the deceased alive on MAY 20 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF 5/21/66 DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) WON JU HAHN. M.D. VA HOSPITAL, FORT HOWARD, MARYLAND directar, should 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) REMOVAL (Specify) BALTIMORE NATIONAL BALTIMORE, MARYLAND 256 RECUSTRAR S. SIG ANURE 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 5305 HARFORD RD. AT ECHODALE VR A15 (4) n 20 M 1/66 J. RUCK CALTINORE, MARYLAND



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 hours after death. deoth puo 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission and completely filled in by the funeral PLACE OF DEATH o. COUNTY o. STATE b. COUNTY BALTIMORE MARYIAND MARYLAND b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) ELENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 DAYS BALTIMORE FORT HOWARD d STREET ADDRESS e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) hin 72 VETERANS ADMINISTRATION HOSPITAL 426 E. Pratt Street NO. Middle 3 NAME OF First Last 4 DATE Manth Day Year DECEASED MALLITAM S. 1966 WHITTE MAY 20 DEATH (Type or print) 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED the attending physicion and compart of the compart of the sit permit. Then pleases, comove Manths birthday) Days Haurs MALE WHITTE X DIVORCED WIDOWED 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) ond in COUNTRY during most of warking life, even if retired) INDUSTRY LURAY, VIRGINIA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ELMER P. WHITE VINNIE STRICKLER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Clinical Recorderess (Yes, no, or unknown) (If yes give wor or dates of service) 214 12 26 18 VAH, Fort Howard, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: **PNEUMONIA** IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse prior to TO FUNERAL DIRECTOR: After this certificate has been as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION NO SEVERE MAINUTRITION ٥ 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I ar Part II of item 18.) 20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work 19 66 to May 20 2). I certify that (1) (this haspital) attended the deceased from May 12 . 19 66 that (K(we) last May 20, 1966, and that death accurred at a. M, from causes and an the date stated above. saw the deceased alive an\_ 22b. DATE SIGNED 22a, SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 21 66 M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S VAH, FORT HOWARD, MARYAAND NAME (Type) O. MENDEZ#ROSS. M. D. ALICIA directar, should b 23a BURIAL CREMATION, BEMOVAL (Specify) 23d. LOCATION (City or Town) 23b. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY (County) (State) BALTIMORE, MARYLAND LOUISM PARK NATIONAL CEMETERY FUNERAL DIRECTOR ZANNINO FUNERAL HOME BALTIMORE, MARYLAND

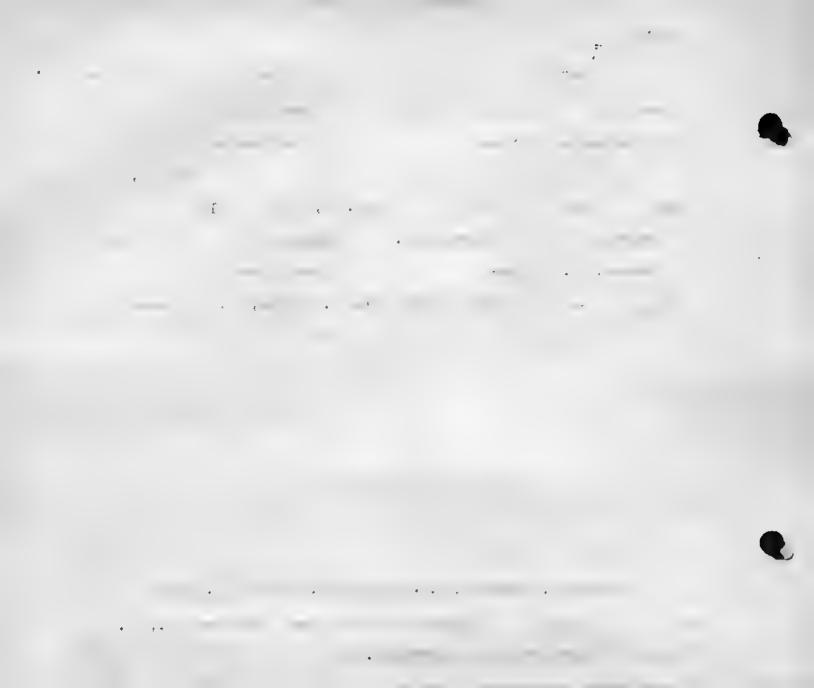
MARYLAND STATE DEPARTMENT OF HEALTH



LAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased I vid, If institution: Residence bafor, admission) a. COUNTY Baltimore b. COUNTY Maryland Raltimore MARYLAND b. CITY OR TOWN (if outs de corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate I mils, write RURAL and give nierast town write RURAL and give neerest lown) Essex (21) Essex (21 d NAME OF HOSPITAL OR NSTITUTION of not in hospital, give street address d STREET ADDRESS IS RESIDENCE ON A FARM? 265 Southeastern 265 Southeastern Terrace YES NO V 3. NAME OF Day DECEASED OF (Type or print) DEATH May 16. 19 66 6. COLOR OR RACE 7 MARRIED TO NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE IN YAR'S (IF UNDER 1 YEAR IF UNDER 24 HRS. la birthday) | Months | Davs WIDOWED DIVORCED [ | Aug. 16. 1894 VIN. 10a. USJAL OCCUPATION (Giv - kind of work 106, KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE (State or foraign count, 12 CIT ZEN OF WHAT COUNTRY? dona during most of working life, even if raticed) Mechanic Aircraft Co. Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Stonewall J. Williams Sarah Curran 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detas of sarvice) No Sidney J. Williams, Jr. 217 22 0671 Same 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b) INTERVAL BETWEEN ONSET AND DEATH PART L DEATH WAS CAUSED BY,
IMMEDIATE CAUSE (+) ardiouscular Disease gave rise to immadiata cause DUE TO (a), stating the underlying causa last. PART II OTHER SIGNIFICANT COND LONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDIT ON GIVEN IN PART ILE. 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter na ura of injury in Part I or Part I of Itam 18.) PRIMARY | or CONTRIBUTING | iling f CAUSE OF DEATH. Month Day Year 2Dd. NJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 201, (City or fown) (County) (Stelle) factory, streat, office bldg., atc.) l While Not While at work 21. I certify that I took charge of the remains described above, held an Autopsy nspection 4 nauiry and in my opinion death resulted from Natural causes Accident Su cide Homicide Undetermined manner CHIEF MEDICAL EXAMINER A SSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER should FUNE NAME (Type) Theodore C. Patterson, M.D. 105 Main St. (Dundalk or Md.) 2 228. BURIAL, CREMATION, 225 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town or country) Sie et REMOYAL (Specify) Gardens of Faith Cemetery Baltimore Co.. 23 FUNERAL DIRECTOR

VR A15ME 5M 1/62

Home 1407 Eastern Ave



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08701 CERTIFICATE OF DEATH rs. ruyes haurs after death. 66695 filled in by the funeral requires that the deoth certificate be executed within 24 haurs after deat PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Maryland Worcester MARYLAND b. CITY OR TOWN (If outside corporate mits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Fort Howard 2 Days Berlin d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Veterans Administration Hospital Box 181. Route 3 YES NO X 3. NAME OF and tompletely f First Lost 4. DATE Month Day Year DECFASED AARON ( IMM) WILSON SR. MAY **26TH** 1966 (Type or pont) DEATH AGE (In years IF UNDER I YEAR IF JNDER 24 HRS. S SEX 6 COLOR OR RACE 7, MARRIED TT 8. DATE OF BIRTH NEVER MARRIED burthdoy) Doys Haurs Colored Male 10/19/12 WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 100. USUAL OCCJPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) during most of working fe, even if retired) INDUSTRY **COUNTRY?** signed by the ottending physician buriol-transit permit. Then please burial, cremotion, or removol, and i Heathspring South Carolina
14. MOTHER'S MAIDEN NAME Laborer Construction U.S.A. 13. FATHER'S NAME Allen O. Hall Ida Wilson IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) Yes 249-01-37-68 Clin. Records, VA Hospital, Ft. Howard, Maryland 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH CANCER OF LUNG IMMEDIATE CAUSE (a) DUE TO Months BRONCHOGENIC CA Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause has been detached far use as the te Dept. of Health prior to 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES 🔃 NO TO FUNERAL DIRECTOR: After this certificate 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM.NER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (home, form, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (State) Haur o.m. factory, street, affice blda., etc.) Not While at wark at work , 19\_66, to May 26, 1966, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram May 24 4 may be retained director, page 3 should should be filed with the saw the deceased alive an May 26, 19 66, and that death accurred at 11:30PM ram causes and an the date stated above. 22b. DATE SIGNED 22a SIGNATUR ATTENDING 5/28/66 DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN NAME (Type) VA HOSPITAL, FORT HOWARD, MARYLAND 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION 23b DATE THEREOF (County) REMOVAL (Specify) BALTIMORE NATIONAL BALTIMORE. MARYLAND 24 FUNERAL DIRECTOR 319 N. Schroeder VR A75 (4) 20 M 1/66 Williams Funeral Home

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-	CERTIFICATE OF DEATH
_	CS702 · CERTIFICATE OF DEATH
i	PLACE OF DEATH Byclto Co 2. USUAL RESIDENCE (Where decoased lived, If Institution, Residence before a
	Catensville MARYLAND . STATE Md. B. COUNTY
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest tow
	write RURAL and give nearest town)
	d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)  d STREET ADDRESS
	House in Pines are Fastern ave. ON
1.4	3. NAME OF First Middle Lost 4. DATE Month Dev Yes
	Type or print DAVID E WILSUN DEATH MAY 26 10
•	lest birthdey) Months Devs Hours
	WIDOWED DIVORCED 3-31-16 74 72 yrs.
	10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired
l.	Md. Dry Dock PA.
1	13. FATHER'S NAME
	DANIEL Z. WILSON ETTA C. GROWDEN
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown) (If yes give wer or detes of service)
	YES W.W. 1 522-9-7578A Mrs. Rampen 2325 Cartin
-	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).)
l	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)
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L	Continue is no state of the contraction of the cont
	Conditions, if eny, which give rise to immediate cause
ı	(e), steting the underlying DUE TO
١.	ceuse lest. (c) PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS
130	PERFO
lä	YES L
CENTURE	E 206 ACCIDENT WAS UNDERLYING []   206. DESÉKIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 18.)  OR CONTRIBUTING [] CAUSE OF DEATH  III EITHER, NOTIFY MEDICAL EXAMINER!
3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County)
17757	p.m. 19 et work et work
1	21. 1 certify that (I) (this hospital) attended the deceased from 12-23, 1965, to 5-26, that (I)
	saw the deceased alive on 5-25-1966, and that death occurred at 23M, from the causes and on the date stated
	22e. SIGNATURE , , , , , , , , , , , , , , , , , , ,
1	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S 1 2 22d. ADDRESS 22d. ADDRESS
	NAME (Type) 1/21/22 87 (30/12907 Sr 6209 Frederich One-Boll-21228 1/2
1	(36. BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county)
ľ	REMOVAL (Specify) K-2 V = 19/16 Ba 0 to : M = Time 0
-	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS / 250. REGISTRAR'S SIGNATURE
ľ	Hoffmann Funical Home 3218 Hudson HAY 27 1966 I Charles Judge
	William Janear 101 the Sario Mal 7 1 1300   terrotes from

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08703 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) pletely filled in by the funeral carban papers. Pages 1 apd a COUNTY o. STATE **b** COUNTY Baltimore Maryland MARYLAND b CITY OR TOWN (If outside corporate imits, write RURAL and give pearest town)
Catonsville C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town papers. Pag hin 72 hours o 2mth2dvs Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE within 72 ON A FARM? 521 Yale Avenue CROVE STATE SPRING HOSPITAL YES | NO 3. NAME OF 4. DATE Lost Month Doy Year DECEASED (Type or print) 23 19 66 E. Winemiller May Anna DEATH S. SEX DATE OF BIRTH AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED orthdoy) Months Dovs Nov. 22, 1883 white female WIDOWED X DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT and in during most of working life, even if retired) please INDUSTRY COUNTRY? Maryland housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Matthew William McCauley Martha Mixer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) unknown Records: SPRING GROVE STATE unknown INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per June for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY. signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate couse (a) DUE TO has been s as the prior tal stating the underlying cause Page 4 may be retained by the hospital ar attending lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE WAS AUTOPSY PERFORMED? TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health YES X O FUNERAL DIRECTOR: After this certificate 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) of work 21. I certify that (F (this hospital) ottended the deceased from. March 19 shauld 19 66, and that death occurred at 19 saw the deceased olive on M, from causes and on the date stated above. 22n. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS director, page should be filed 22d. ADDRESS STRING GRO VE STATE 22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M.D. Baltimore, Maryland 21228 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION (County) (Stote) REMOVAL (Specify) Loudon Park Cem May26, 1966 Burial Balto. Md 2So REC'D BY REGISTRAR REGISTRADES SI 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 G. Truman Schwab 3512 Frederick Ave. Balto. Md.



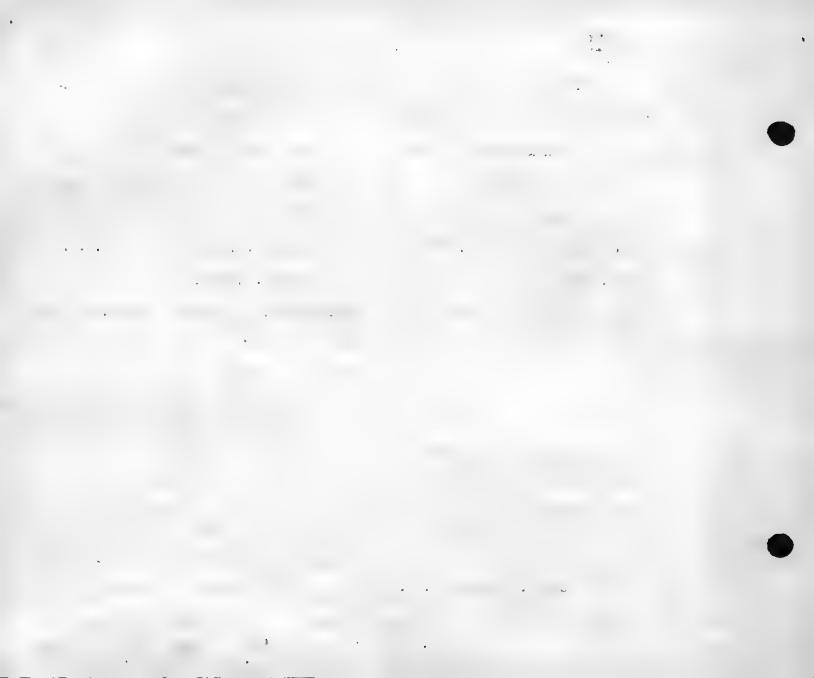
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY filled in by the fur papers. Pages 1 b. COUNTY Baltimore Baltimore Marvland MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b and completely filled in by emove carbon papers. Pag any event, within 72 hours Mo's & 20 days Catonsville Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address) B. IS RESIDENCE d. STREET ADDRESS ON A FARM? Forest Haven Nursing Home 1026 Riverside Avenue YES NO X executed within 3. NAME OF Middle Last DATE DECEASED (Type or print) DEATH Christine Winkler 1966 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH and cor 8. 7. MARRIED NEVER MARRIED Female White WIDOWED X DIVORCED Apr. 22, 1875 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be INDUSTRY COUNTRY? Housewife U. S. A Own home Germany 13. FATHER'S NAME Then plant removal. MOTHER'S MAIDEN NAME 9 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address the burial-transit germit.
It to burial, cremation, or (Yes, no, or unknown) (If yes nive war or dates of service) No Mrs. Edith Cucina 1421 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a **DUE TO** Conditions, if any, which (b) gave rise to immediate as the prior to **DUE TO** (a), stating ir this certificate has detached for use as the Dept. of Health prior underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO ( YES | 20a. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) INTECTOR: After than 3 should be det ifed with the State D factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING be retained by p.m. at work at work 19//, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 6.50.00, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED director, page 3 ATTENDING PHYS. STAFF PHYS. Page 4 may 1 DIRECTOR M.D. ADDRESS 22¢. PHYSICIAN'S 22d. NAME (Type) (State) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial 5/26/66 Cedar Hill Baltimore Cem Md. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **25a** DENNY, INC. 715 Light VR A15 (4) 15M 4-64



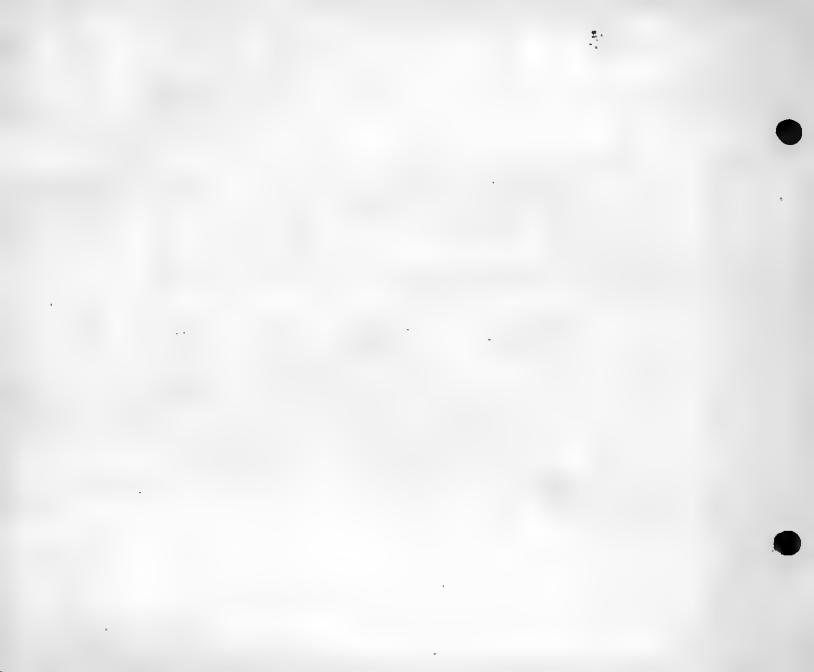
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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	LACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, II Institution: Residence before admission by County by Cou
-	partimore Maryland Md. Baltimore
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-	Fullerton   Life   Fullerton (Rual)   / NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)   d. STREET ADDRESS   e. IS RESIDENT
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	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Ausbury Thenowith Bora Meise
	/AS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address no. or unknown) (If yes give war or dates of service)
=	No   229-20-0150   Ir Walter Wirsing 4106 Asbury Avenue
	8. CAUSE OF DEATH [Enter only one cause per-line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH
	IMMEDIATE CAUSE (a)
	renditions, If any, which ) DUE TO above themas, ACUD heybestasses, 1042
	ave rise to Immediate ause (a), stating the BUE-70
	nderlying cause fast. (c) Cuculottes / 77
E CITAL PARTY	ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?
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	OB. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) R CONTRIBUTING   CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)
-	
10000	Hour a.m. While Not While factory, street, office bldg., etc.)
ľ	21. I certify that (I) (this hospital) attended the deceased from Truck 22, 19 15 to 15 29, 19 66 that (I) (we) la
ı	saw the deceased alive on 1 1966, and that death occurred at 724M, from the causes and on the date stated above
	22b. DATE SIGNATURE 2
.	M.D. ATTENDING TO DIRECTOR STAFF PHYS.
	PHYSICIANS  NAME DIR : RICHARD R. RIGLER  22d. ADDRESS  1 W. OVERLEA AVE. CITY 6
	BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
· ·	Partial Bel Air Gardens Bel Air. Md.
	FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
-	sparking unit Home 7401 Bil en Prod will 1 1966 Charley Jugge
1.	The state of the s



y 1 _		MARYLAND STATE DEPARTMENT OF HEALTH  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
(11)		06706 CER	TIFICATE	OF DEATH	96700		
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4 ho		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address		d STREET ADDRESS	e IS RESIDENCE ON A FARM?		
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campl campl		SEX 6 COLOR OR RACE 7 MARRIED X NEVER MA  MALE WHITE WIDOWED DIVO	RRIED   8	JUNE 8, 1917  9 AGE (In years last birthday) yrs	Manths Days Hauss Myn		
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ificate ysicial apparatus	13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	VIDIAL		
e death certi attending ph permit. Then ian, ar remal	15	LEON S. WISE  WAS DECEASED EVER NU S ARMED FORCES?  16. SOCIAL SECURITY Services  16. SOCIAL SECURITY Services  YES  WW II  214 12 013		ANNA R. ROCKWELL.  NFORMANT Addre	382		
equires that the physician. signed by the burial-transit burial, cremat		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CARCINOMA OF XXXXX  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (b) CEREBELLUM, DUE TO  (c)		LEFT WITH METASTASES TO	INTERVAL BETWEEN ONSET AND DEATH		
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SING PHYSICIAN: by the haspital or fler this certificate be detached far u State Dept. of Heal	L CERTIFICATION	OR CONTRIBUTING CT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		(Enter noture of injury in Port I or Port II of item 18)			
VG PHV the her this er this et detact	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m.  p.m.  19  20d INJURY OCCURRED While of work at work	fecto	CE OF INJURY (Hame farm, ory, street, affice bldg., etc.)	(Caunty) (State)		
O HOSPITAL OR ATTENDING PHYSICIAN: The law rapage 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the stand be filed with the State Dept. of Health priar to		21. 1 certify that () (this hospital) attended the deceased alive an 5/12/66 19	sed fram_] , and that	12/22/65 , 19 , ta 5/12/6 t death accurred at 7:20/M fram causes			
OR be r		22c. PHYSICIATOR IS I albert	1.M	D. ATTENDING MED STAFF DIRECTOR PHYS.   22d. ADDRESS	5/12/66		
PITA 1 may ERAL 3r, po d be f		NAME(DYPE) JOHN D. TALBERT, M. D.		VAH FORT HOWARD, MARYL			
TO HOSPITAL Page 4 may TO FUNERAL I director, por	230	DESCOVAL (Specific)	CEMETERY OR I	TIONAL BALTIMORE,	MARYLAND		
VR A15 (4) 20 M 1/66	2		kner &	Sons   MAY 1 3 1966 2	GISTRARS S GNATURE GLENCES JUNGE 18.		



1 8	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	66707 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH  e. COUNTY  D.
EES EM	MARYLAND MARYLAND MATCHAND 134 LTIMORE
o the funeral e 5 may be Department after death	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
ter ter	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AGORESS 6. IS RESIDENCE
slay is decessary, 13 to the funeral Page 5 may be State Department ours after death	506 F. STREET 506 F. STREET VES NO 18
	3. NAME OF First Middle Last 4. DATE Month Oay Year DECEASED
£ 25.3	(Type or print) 7 HCMAS C. WCCD DEATH MAY 9 1966.
urs after death. If al 18. Give Pages 1, 2 along with form P pages 1 and 2 with in any event within	5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS.   lest birthday) Months Days Hours Min.
Feath Fage th for	10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
after death. If F. Give Pages 1, ong with form es 1 and 2 with any event withil	during most of working life, even if retired) INOUSTRY  MILLURICHT STEEL PENNA  COUNTRY?
ours afte n 18. Gi along pages 1 in any	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
24 hours n Item 18 Office ald File page	THOMAS A WOOD BERTHA DEITER
4 = 0 = "	15. WAS OECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)
ed within 2 in pencil in xaminer's 0 it permit. I	18. CAUSE OF DEATH [Enter only one cause for line for (a) (b), and (c)]  NICO SCC F ST  INTERVAL BETWEEN
EXAMINER: This certificate should be executed within to certificate, writing the word "pending" in pencil iould be forwarded to the Chief Medical Examiner's les.  R: Page 3 should be used as a burial-transit permit. Signated agent, prior to burial, cremation, or removal	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH
ild be executed "pending" in if Medical Exar burial-transit cremation, or	4201 DUE TO ACTION
d be execu "pending" Medical burial-tran	Conditions, if any, which (b)
d "r	cause (a), stating the DUE TO
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R: This cerate, writin forwarded 3 should I	
cate, for for age	Hour and Hour While Not While States, street, office bidg., etc.)
IMINE ertific id be Page tated	21. I certify that I look charge of the remains described above, held an Autopsy , Inspection , Inquiry , and In my opinion
the certific should be files.	death resulted from: Natural carree [ Accident ], Suicide ], Homicide ], Undetermined manner
loat the the the the our the ts de	CHIEF MEDICAL EXAMINER   22. DATESIGNED
MEDION Gecute 1 Page 4 for your L DIREC or its o	ACTUAL SIGNATURE M.O. ASSISTANT MEDICAL EXAMINER OPPUTY MEDICAL EXAMINER OPPUTY MEDICAL EXAMINER
	NAME (Type) THEO C. PHERSON, Address (Street, city, town, or county)
please e director. retained o FUNER	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Page 50	131 PIAL POLISHIC VERAR MENCRIAL DELAIR
VR A15ME	24. FUNERAL DIRECTOR  ADDRESS  ADDRESS
3500 4-64	



MARYLAND STATE DEPARTMENT OF HEALTH  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
FOR STATE		CERTIFICATE OF DEATH	1201 16700			
HEALTH DEPT.	I. PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution, Re	CO 3 UZ			
af af	a COUNTY MARYLAND	o. STATE b. COUNTY	. /			
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2, and 3 ta PM3. Page partment af after death.	(miteRuRAL ond give neorest town)	Essex	,			
- C D	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?			
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Give ang th th	(Type or print)  S SEX  6 COLOR OR RACE  7 MARRIED  NEVER MARRIED	8 DATE OF 8.RTH 9 AGE (In year) IF JA	DER YEAR   FUNDER 24 HRS			
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hours Item 18 Office 1 and 2	100 JSUAL OCCUPAT ON (G ve kind of work done during most of working life, even if retired) INDUSTRY		2 CITIZEN OF WHAT			
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mine mine	13. PATHER'S NAME	14 MOTHERS MAIDEN NAME				
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should be execute ne ward "pending" ta the Chief Medical burnal-transit permit matian, ar removal	18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), opd (c)		INTERVAL BETWEEN			
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L EXA Page ar yar R: Pag	21 1 certify that I took charge of the remains descr. bed above, h	san adde to the	Sue 11 - or			
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Merch please I direct retained IREC		CHIEF MEDICAL EXAMINER				
Y M ple all did all the life al	SIGNATURE THEO C. Collession	M.D ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED			
PUT)	EXAMINER'S THEOC, PAHLERSO	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	5/18/4			
necessary, please execute the funeral director Page 4 5 may be retained far yaur 0 IUIIIAL DIRICTOR: Page Health or its designated age	230 BUR AL CREMATION, 23b DATE THEREOF, 23c NAME OF CEMETERY OR		(County) (Stote)			
7 + 20 +	Busine 5/20/66 Balto.	ational Balto.	Md.			
VR A15ME (50)	24 FUNERAL DIRECTOR ADDRESS	250 RECD BY REGISTRAR 25 ABGISTRA	RS SIGNATURE			

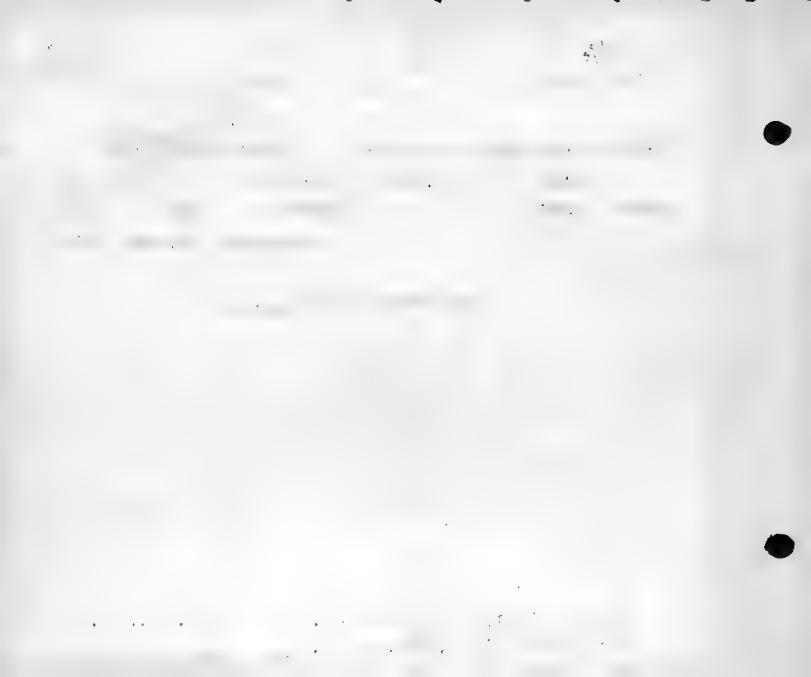


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. ond completely filled in by the funeral genove carbon popers. Pages 1 and 2 pany event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore County MARYLAND Maryland Baltimore b. CITY OR TOWN (If outside corporate smits, write BURAL and give, nearest town)

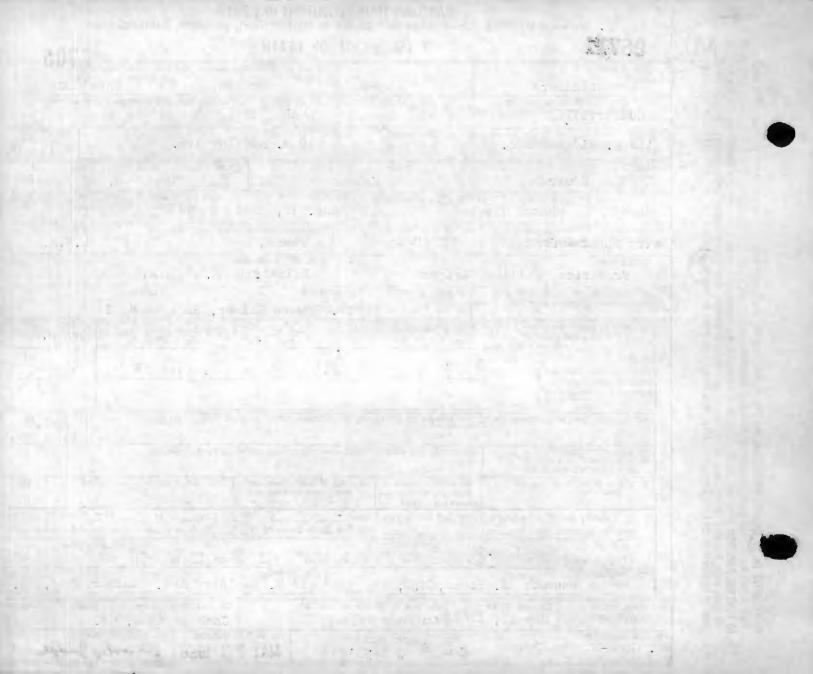
Catons ville c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 2mth18dvs Catons ville d. STREET ADDRESS 315 Shady Nook Ave. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENC ON A FARM? Catonsville.Md -- 21228 Spring Grove State Hospital NO YES 3. NAME OF First Middle Lost 4. DATE Month Year DECEASED Charles Edward Wurtzer May 22 66 (Type or print) DEATH 19 6 COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED R. DATE OF BIRTH 9. AGE (In years last birthday) Months Doys Hours WIDOWED DIVOR CED 65 yrs. 1901 Male White 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working te even if retired) INDUSTRY COUNTRY? Maryland USA Gas Company 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Anthony Wertzer Mary Ellen Kilroy IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Mrs. Joseph L. Locke (Yes, no, or unknown) (If yes give wor or dates of service) None 3723 Manchester Avenue -Baltimore cremation, IB. CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Acute Hear INTERVAL BETWEEN signed by the burial-transit p Acute Heart Failure 4201 DUE TO Conditions, if any, which gave (b) (possible) Coronary Occlusion rise to immediate couse (a). DUF TO Hypertensive Arteriosclerotic Cardio-Vascular Disease stating the underlying couse Page 4 may be retained by the hospital ar attending the O FUNERAL DIRECTOR: After this certificate has been lost. ed for use as to of Heolth prior PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION YES X NO 20g ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) should be detache with the State Dept. 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. Not While foctory, street, office bldg , etc.) of work of work 21. I certify that (# (this haspital) attended the deceased from March I. , 19.66 , to May 22 \_\_\_\_\_, 19.66, that \$1) (we) last 1966, and that death accurred at 8-42 M, fram causes and an the date stated above saw the deceased alive an May 22 22g SIGNATURE 22b. DATE SIGNED director, poge 3 should be filed v 5-22-66 ---- M D DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Imre Kopits, M.D. Spring Grove State Hospital 23b DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) 5/25/1966 New Cathedral Cemetery Baltimore, Md. 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR VR A15 (4). 20 M 1/66 Mclianlas Juage



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY h. CDUNTY BALTIMORE BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH DE STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) hours 2 d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE ON A FARM? 24 BELCLARE CREATER 1052 within BALKO, MEDICAL CENTER No D executed within completely carbon NAME OF Middle DATE Month Day Year DECEASED DF. event. (Type or print) CARL DEATH WYANT 5 1966 EUCENF 6. COLDR DR RACE 7. MARRIEO NEVER MARRIEO ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. OATE OF BIRTH remove last birthday) Months ! Days Hours any MALE 192 WIOOWEO [ DIVDREED physician a .⊑ 1Da. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) The law requires that the death certificate be INOUSTRY COUNTRY? General Employment
13. FATHER'S NAME Steel Mfgr INDIANAPOLIS INDIANA removal 14. MOTHER'S MAIDEN NAME attending i rmit. Ther Unknown Delia Wyant 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SDCIAL SECURITY ND. Address (Yes, no, or unkown) | (If yes give war or dates of service) 5 -07-8190 emation. HIS TOR . been signed by the the burial-transit p or to burial, cremati 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c), ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that ti Page 4 may be retained by the Nospital or attending physician. IMMEDIATE CAUSE (a) OUE TD w/ chordona 9 Conditions, If any, which (b) gave rise to immediate the to OUE TO cause (a), stating the underlying cause last. as in (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? CERTIFICAT YES [ NO F After this certif be detached for State Dept. of F 20a, ACCIDENT WAS UNDERLYING F DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE DF OFATH (IF EITHER, NDTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Oay, Year 2Dd. INJURY DCCURREO | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. After Not While at work 19 at work the da . 19 6 6 to 8 1966 that (I) (we) last I FUNERAL DIRECTOR: A director, page 3 should hould be filed with the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 1224M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. OATE SICNEO STAFF PHYS. ATTENDING M.D. PHYS. PHYSICIAN tor, be 22d. ADORESS NAME (Type GrENTER BOLTIMORE MEDICAL BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) (Specify) MORELAND MEM.PARK <u>CO</u> 25b. REC'O BY RECISTRAR £15 (4) 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06711 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) physician and campletely filled in by the funeral 1. PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Baltimore Baltimore Marvland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RIRAL and give reasest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest town) Lutherville papers. hin 72 hc d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)  $119\ W_\bullet\ Ridgley\ Ave_\bullet$ d. STREET ADDRESS 119 W. Ridgley Ave. e. IS RESIDENCE ON A FARM? NO 4. DATE carban W. 3. NAME OF Firs! Middle Lost Manth Day DECEASED 15, 66 Zaiser Edward May 19 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH lest birthday) Days Haurs Aug. 19, 1901 White Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY ?S . A. INDUSTRY Dairy Dan Post of Street Sor 32 Penna, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME A. ABHAR Frederick William Zaiser Elizabeth 17. INFORMANT (Yes, na, ar unknawn) (If yes give war ar dates of service) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Mrs. Edward Zaiser, Same as # 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS! PERFORMED? NO 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) Haur a.m. Nat While factory, street, affice bldg., etc.) at wark at wark 19 that (I) (we) lost 21. I certify that (1) (this haspital) attended the deceased from 2 director, page 3 shauld shauld be filed with the 19 Low and that death occurred at 3 55th, from couses and on the date stated above. sow the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 19 W. Seminary Ave. A. Stoen, M.D. Lutherville, Md. NAME (Type) Bennett 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL CREMATION. 236. DATE THEREOF REMOYAL (Specify) May 18, 1966 Dulaney Valley Cockeysville, Md. 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 1050 Yorks Road 24. FUNERAL DIRECTOR Wm. Cook-Brooks Towson 1966 Towson 4, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. hours after death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limita, write RURAL and give nearest town) à write RURAL and give nearest town) .5 15 bon papers. within 72 hg e. IS RESIDENCE filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? 504 NO completely executed within carbon 3. NAME OF Lasi 4. DATE Month Day Year DECEASED event, (Type or print) DEATH 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH remove n any eve SEX 9. 7. MARRIED X NEVER MARRIED last birthday) Months and WIDOWED DIVORCED [ physician an please re 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT = 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even If retired) INDUSTRY COUNTRY? JON death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. 17. ed by the attend transit permit. cremation, or r (Yes, no er ankown) ( If yes give war or dates of service) been signed of the burial transit to burial, cremati CAUSE OF GEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DHE TO Conditions, If any, which gave rise to Immediate **DUE TO** cause (a), stating the prior underlying cause last. (c) 35 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health PERFORMED? The certificate 6 NO PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING CH DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20b. tached f OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) be de State Hour a.m. Not While While After Id be at work p.m.« at work retained 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last DIRECTOR: age 3 should lied with the and that death occurred at 4 ft M, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a. SIGNATURE 22b. director, page should be filed v MED. DIRECTOR M.D. тау O HOSPITAL FUNERAL PHYSICIAN'S NAME (Type) ADDRESS N. BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23a. 23b. DATE THEREOF REMOVAL (Specify) BEGISTRAR'S SIGNATURE 25b. FUNERAL DIRECTOR REC'D BY REGISTRAR Marley VR A15 (4) 20M 1/65

